



Community Health Improvement Plan

2018-2020
Champaign County Illinois



United Way
of Champaign County



TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	3
ACKNOWLEDGEMENTS.....	5
INTRODUCTION AND FRAMEWORK.....	9
BACKGROUND	10
COMMUNITY ASSETS.....	10
MAPP ASSESSMENTS	11
COMMUNITY HEALTH STATUS ASSESSMENT.....	11
<i>Demographics.....</i>	12
<i>Socioeconomic and Priority Populations.....</i>	14
<i>Chronic Disease and Health Behaviors</i>	19
<i>Quality of Life</i>	20
<i>Infectious Disease.....</i>	21
<i>Death, Injury, and Violence.....</i>	22
<i>Maternal and Child Health</i>	32
<i>Environmental Health.....</i>	32
COMMUNITY THEMES AND STRENGTHS ASSESSMENT	34
<i>Demographics.....</i>	34
<i>Neighborhood Traffic and Roads</i>	35
<i>Neighborhood Safety Concerns</i>	36
<i>Community Resources</i>	37
<i>Health Behaviors.....</i>	37
<i>Healthcare</i>	37
<i>Personal Satisfaction</i>	38
<i>Community Health Concerns</i>	38
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT	40
FORCES OF CHANGE ASSESSMENT.....	45
PRIORITY HEALTH ISSUES	47
REDUCING OBESITY AND PROMOTING HEALTHY LIFESTYLES	47
BEHAVIORAL HEALTH	56
VIOLENCE	62
APENDICES SECTION	68
APPENDIX 1 –FORCES OF CHANGE ASSESSMENT SURVEY RESULTS	69
APPENDIX 2 – LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT	91
APPENDIX 3- COMMUNITY SURVEY	91
APPENDIX 4 - COMMUNITY SURVEY (SPANISH)	92
APPENDIX 5 – COMMUNITY STAKEHOLDER SURVEY	97

Executive Summary

The Champaign-Urbana Public Health District (CUPHD) is the local public health authority for the Cities of Champaign and Urbana and Champaign County. CUPHD, in conjunction with Carle Foundation Hospital, Presence Covenant Medical Center, and United Way of Champaign County, used the Mobilizing for Action through Planning and Partnership (MAPP) model, a community-based model that necessitates community engagement at all levels to conduct the Champaign Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). We assessed the current health status of the community, identified needs, and created a comprehensive plan to improve our community's health by acquiring input from community partners, planners, elected officials, and residents.

The MAPP process is composed of four assessments. Approximately 90 community leaders met multiple times to participate in the assessment and to review the results of the survey and community health data, set a vision, and identify priorities and goals for the 2018-2020 Community Health Improvement Plan.

Vision: Champaign County will be the Healthiest and Safest, environmentally sustainable community to live, work, and visit in the State of Illinois.

The Four MAPP Assessments:

1. The **Community Health Status Assessment** evaluated the basic demographics and health-related statistics of residents in Champaign County. We used aggregated data accessed from Countyhealthrankings.org and city and county agencies including the Champaign and Urbana Police Departments.

- Champaign County had an estimated 208,419 residents in 2016, an increase of 3.6% from 2010. The population is 73% White, 13% Black/African American, 11% Asian, and 6% Hispanic.
- Close to 20% of Champaign County residents live in poverty, and 54% of children attending public schools were eligible for free or reduced price lunches.
- 25% of Champaign Residents reported being obese, a drop from 27% in 2014
- Violent crime in Champaign County is much higher than the state and national averages.
- 9% of Champaign County residents under 65 years of age are uninsured compared to 11% overall Illinois uninsured rate.
- The teen birth rate (per 1,000 female population, ages 15-19) is 18, almost half of the prevalence in Illinois. Champaign County is close to the top US counties when it comes to teen pregnancy with the top US County having a teen birth rate of 17.
- As of 2015, there were 186 fast food establishments in Champaign County. The rate of fast food restaurants per 100,000 populations in Champaign County is 92.5, which is substantially higher than state and national rates of 77.67 and 74.6.
- The leading cause of death in Champaign County from 2003 to 2014 was heart disease. In 2015, cancer surpassed heart disease as the leading cause of death in Champaign County with a rate of 129.8 per 100,000 populations.

2. To perform the **Community Themes and Strengths Assessment**, we surveyed 748 community residents representing different community groups to get an in-depth picture of strengths and weaknesses of the community.

- Residents identified access to public transportation, access to health care, and employment/ability to find a job as community strengths
- Respondents identified access to mental health services, drug treatment services, and affordable childcare were threats in the community.
- Respondents were satisfied with Champaign being a good place to raise children and were satisfied that Champaign County is a racially, ethnically, and culturally diverse place to live
- Respondents reported being satisfied with access to high quality healthcare, although they were dissatisfied with the cost of healthcare.
- Crime rate, road maintenance, and crime patrols were identified as neighborhood issues
- Mental health, Substance Abuse, Gun Violence, Obesity, and Domestic Violence were identified as top health priorities.

3. The **Local Public Health System Assessment (LPHSA)** included 84 community leaders from over 50 different agencies, including local government, community planners, public health professionals, clinicians, police and fire, local nonprofits, emergency preparedness, and the University of Illinois. This measured how the local public health system is addressing the 10 essential public health services.

- **Strengths:** enforcing laws, mobilizing partnerships, developing policies/plans, research/innovations, reviewing and improving laws, emergency planning, risk communication, academic linkages, fostering innovations, community partnerships
- **Needing Improvement:** linking community members to health services, evaluating the local public health system, assuring a competent and diverse workforce, evaluation of population health, leadership development, and health education/promotion.

4. The **Forces of Change Assessment** identified the changing ACA legislation as a force impacting many sectors; as well as immigration laws, increased use of social media and smartphones, mental health issues, divisive political climate, lack of state budget, and climate change as major forces of change.

Health Priorities

Based on the four MAPP assessments, community leaders convened to identify priorities. After identifying top health concerns, participants voted to select the top three priorities to address in 2018-2020 implementation cycle. Special consideration was given to ensure that all priority health actions align to include environmental determinants of Public Health. Based on the CDC's model, SMART objectives were used to identify goals and objectives within each priority that were feasible, actionable, and could be implemented in the upcoming years. Workgroups then formed and met separately to formulate goals and action plans to address each of the priorities.

- **Behavioral Health:** increase capacity, create behavioral health triage center, promote education and training on mental and behavioral health to reduce stigma, provide youth targeted prevention programs.
- **Reducing Obesity and Promoting Healthy Lifestyles:** improve access to healthy food options, expand physical activity prescription program, and increase access to physical activity.
- **Violence:** promote police-community relations, increase community engagement, and reduce community violence through partnering with local initiatives



Ensuring Environmentally Sustainable Community

All community partners are in consensus and recognize the many connections between health in our county and environmental factors. In seeking an environmentally sustainable community, we want safe air and water, natural spaces for exercise and mental relaxation, conservation of flora and fauna that support local food production, control of insects that spread diseases, and other health benefits. We also recognize the dangers to health from extreme weather events like heavy rains, heat waves and drought. Promoting environmental health requires monitoring conditions, preparing for emergencies, and reducing activities that impair the sustainability of our community's environment. The Community Health Improvement Plan will promote a culture of environmental sustainability across all sectors.

Acknowledgements

The Champaign Regional Executive Committee would like to thank all of the agencies and individuals who participated in this process, as well as the agencies and organizations that make up the Champaign County Local Public Health System. We appreciate their knowledge, collaboration, dedication, and commitment to making our community a great place to live, work, and visit.

Beth Edrington	Carle Foundation Hospital
Elizabeth Silver	Carle Foundation Hospital
Jonathan Woods	Carle Foundation Hospital
Julianna Sellett	Carle Foundation Hospital
Kathleen Crowder	Carle Foundation Hospital
Mike Billimack	Carle Foundation Hospital
Timothy Meneely	Carle Foundation Hospital
John Beck	Carle & Health Alliance
Brooke Adams	Court Appointed Special Advocates for Children
Allen Jones	Champaign County Sheriff's office

Pius Weibel	Champaign County Board
Hollie Ronk	Champaign County Head Start
Ashley Buckley	Champaign County Health Care Consumers
Chris Garcia	Champaign County Health Care Consumers
Claudia Lenhoff	Champaign County Health Care Consumers
Julia Robinson	Champaign County Health Care Consumers
Mark Driscoll	Champaign County Mental Health Board
Chelsea Norton	Champaign Park District
Jameel Jones	Champaign Park District
Ronnie Heugel	Champaign Police Department
Amy Roberts	Champaign Urbana Public Health District
Awais Vaid	Champaign Urbana Public Health District
Brandon Meline	Champaign Urbana Public Health District
Candi Crause	Champaign Urbana Public Health District
Debra Fruitt	Champaign Urbana Public Health District
Jamie Perry	Champaign Urbana Public Health District
Jim Roberts	Champaign Urbana Public Health District
Julie Pryde	Champaign Urbana Public Health District
Michael Flanagan	Champaign Urbana Public Health District
Talia Shaw	Champaign Urbana Public Health District
Robert Davies	Champaign Urbana Public Health District
Michelle Antonacci	Christie Clinic
Janel Gomez	City of Champaign Neighborhood Services
Lorrie Pearson	City of Urbana
Anita Ung	College of Medicine
Robin Arbiter	Community Gardens at Leirman
Pattsi Petri	County Board Member
Dottie Vura-Weis	County Board of Health
Kevin Kegley	CRIS Healthy Aging
Katie Adams	Crisis Nursery
Rob Dalhaus	C-U at Home
Cynthia Hoyle	C-U Mass Transit District
Marlin Livingston	Cunningham Children's Home
J Berry Howell	Dental Society
Dale Morrissey	Developmental Services Center
Danielle Matthews	Developmental Services Center
Candace Gilbert	Faith in Action
Brenda Koester	Family Resiliency Center
Pat Babich-Smith	Family Service Center
Mike Benner	Greater Community AIDS Project
Sheila Dodd	Habitat for Humanity

Nikki Hillier	Healthy Champaign County
Angela Boley	Land of Lincoln
Eva Palmer	McKinley Health Center
Anna Casey	Midwest Center for Investigative Reporting
Debra Medlyn	National Alliance on Mental Illness
Jeff Kilar	Parkland College
Joe Omo-Osagie	Parkland College
Kevin Garcia	Planner for City of Urbana
Gail Raney	Prairie Center
Alejandra Coronel	Presence Health
Brianna Roy-Rankin	Presence Health
Elise Boyer	Presence Health
Jacob Ozier	Presence Health
Jolene Bowen	Presence Health
Mackenzie O'Shea	Presence Health
Michael Jenkins	Presence Health
Miriam Romine	Presence Health
Patty Brown	Presence Health
Sallie Miller	Presence Health
Sheri McKiernan	Presence Health
Nancy Greenwalt	Promise Healthcare
Nicole Bridges	Prosperity Garden
Lisa Benson	Regional Planning Commission
Rebecca Woodard	Regional Planning Commission
Rita Black	Regional Planning Commission
Juli Kartel	Rosecrance
Kristin Rice	Rosecrance
Sheila Ferguson	Rosecrance
Warren Gary Lavey	U of I Schools of Earth, Society, and Environment
Sue Grey	United Way of Champaign County
Amy Huang	United Way of Champaign County
Beverley Baker	United Way of Champaign County
Julia Willis	United Way of Champaign County
Bala Mutyala	University of Illinois
Hillary Klonoff Cohen	University of Illinois
Lisa Bievenue	University of Illinois
Caitlin Kownacki	University of Illinois Extension Office
Chelsey Byers-Gerstenecker	University of Illinois Extension Office
Kathy Sweedler	University of Illinois Extension Office
Melissa Schumacher	University of Illinois Extension Office
Stephanie Vogelsang	University of Illinois Police Dept.

Nancy Roth	Urbana Adult Education
Bill Brown	Urbana Councilman
Janice Mitchell	Urbana Neighborhood Connections Center
Elsie Hedgspeth	Urbana Park District
Linda Gibbens	Urbana School District
Celeste Eichelberger	Wells Fargo

Geographic Data Mapping done by Bill Brown and Lisa Bievenue from the University of Illinois

Julia Willis

Community Health Plan Coordinator

The Champaign Regional Executive Committee Members:

Awais Vaid
Champaign Urbana Public Health District

Mike Billimack
Carle Foundation Hospital

Elizabeth Silver
Carle Foundation Hospital

Sheri McKiernan
Presence Health

Julie Pryde
Champaign Urbana Public Health District

Sue Grey
United Way of Champaign County

Melissa Rome
Vermilion County Health Department

Sherri Askren
United Way of Danville Area

Doug Toole
Vermilion County Health Department

Introduction and Framework

The Champaign County Community Health Plan provides a current portrait of the health assets and needs of the residents of Champaign County. Illinois state law requires every local health department to participate in this process, called the Illinois Project for Local Assessment of Needs (IPLAN). This process must be conducted at minimum every five years. The detailed assessment and plan provides the foundation for evidence-based health planning and decision-making.

The essential elements of IPLAN are:

1. An organizational capacity assessment;
2. A community health needs assessment; and
3. A community health plan, focusing on a minimum of three priority health problems.

The Champaign County Community Health Plan was created using a model called Mobilizing for Action through Planning and Partnerships (MAPP). This collaborative approach to community health planning was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office and the federal Centers for Disease Control and Prevention (CDC). MAPP helps communities form effective partnerships that can better identify their unique circumstances and needs and use their resources wisely.



MAPP is a community-driven process. It is more intense than other approaches in that it requires a high level of participation from community organizations and residents. This model employs a variety of methods to uncover community health trends, identify gaps in care, evaluate assets and – most importantly – develop and implement a plan that successfully addresses community health needs.

The four components of MAPP include:

1) The Community Health Status Assessment collects and analyzes health data and describes health trends, risk factors, health behaviors and issues of special concern.

2) The Community Themes and Strengths Assessment uses participants to make a list of issues of importance to the community, identify community assets and outline quality of life concerns.

3) The Local Public Health System Assessment measures the local public health system's ability to conduct essential public health services.

4) The Forces of Change Assessment identifies local health, social, environmental or economic trends that affect the community or public health system.

Since 2013 The Health District and Hospitals have moved from independently conducting the Community Health Assessment and Improvement Plan to a true collaborative model. Both Carle Hospital and Presence Covenant Medical Center, the Local chapter of United Way, and the Health District formed an Executive Committee to conduct the Champaign Community CHIP and CHA to fulfill the requirements for certification.

A diverse group of health providers, civic leaders and community representatives participate in this process. The goal is for all partners in the local public health system to work together to implement the recommendations outlined in this plan.

Background

Champaign County is located in east central Illinois and is 998.39 square miles with a population density of 208.8 people per square mile. The two major cities, Champaign and Urbana, are home to the University of Illinois, as well as Parkland College and numerous businesses and companies. In 2016 the US Census Bureau estimated the population to be 208,419 residents, a 3.6% increase since 2010.

Champaign County also includes the following villages: Bondville, Broadlands, Fisher, Foosland, Gifford, Homer, Ivesdale, Longview, Ludlow, Mahomet, Ogden, Pesotum, Philo, Rantoul, Royal, Sadorus, Savoy, Sidney, St. Joseph, Thomasboro, and Tolono. Townships include: Ayers, Brown, Champaign, Colfax, Compromise, Condit, Crittenden, Cunningham, East Bend, Harwood, Hensley, Kerr, Ludlow, Mahomet, Newcomb, Ogden, Pesotum, Philo, Rantoul, Raymond, Sadorus, Scott, Sidney, Somer, South Homer, St. Joseph, Stanton, Tolono, and Urbana. Champaign County includes the following zip codes: 61820-2, 61801-3, 61866, 61874, 61873, 61880, 61864, 61877-8, 61847, 61863, 61871, 61815, 61824-6.

Community Assets

Participating Organizations and Community Resources

Carle Foundation Hospital	Habitat for Humanity
Court Appointed Special Advocates for Children	Health Alliance
Champaign County Sheriff's Office	Healthy Champaign County
Champaign County Board	Illinois Dental Society
Champaign County Board of Health	Land of Lincoln
Champaign County Head Start	Midwest Center for Investigative Reporting
Champaign County Healthcare Consumers	National Alliance on Mental Illness
Champaign County Mental Health Board	Parkland College
Champaign County Regional Planning Commission	Prairie Center
Champaign Park District	Presence Covenant Medical Center
Champaign Police Department	Promise Healthcare
Champaign Urbana Public Health District	Prosperity Gardens Inc.
Christie Clinic	Rosecrance
City of Champaign	United Way of Champaign County
City of Urbana	University of Illinois

Community Gardens at Leirman
CRIS Healthy Aging
CU Mass Transit District
Cunningham Children's Home
Development Services Center
Faith in Action
Family Resiliency Center
Family Services Center
Greater Community AIDS Project

University of Illinois Extension Office
University of Illinois McKinley Health Center
University of Illinois Police
Urbana Adult Education
Urbana Park District
Urbana School District
Urbana Neighborhood Connections Center
Wells Fargo

MAPP ASSESSMENTS

I. Community Health Status Assessment (CHSA)

The CHSA explores how healthy our residents are, and what the health status is of our community. This shows the community's health status and ensures that our priorities include specific health status issues (e.g., high lung cancer rates or low immunization rates). The operational definition of health utilized in this assessment is taken directly from the World Health Organization: *Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity*. The indicators analyzed represent this philosophy.

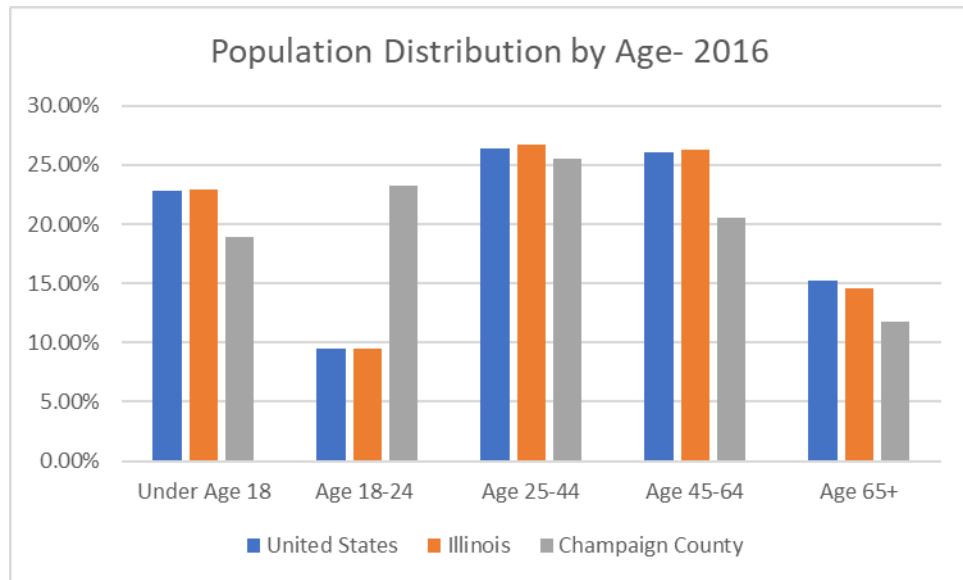
Methodology

The Institute of Medicine identifies a need for two kinds of indicators and indicator sets for use in a community health improvement plan. The first is a community health profile with indicators proposed by the Institute of Medicine to provide an overview of a community's characteristics and its health status and resources. The second is the development of indicator sets for performance monitoring.

Interpretation of this data through comparison over time or with data from other communities can help identify health issues that need to be focused on within Champaign County. We used aggregated data accessed from Countyhealthrankings.org, Center for Disease Control, US Census Bureau, Illinois Department of Public Health, Illinois State Police Crime Reports, Illinois Department of Healthcare and Family Services, and local city and county agencies.

Distribution of the Population by Age, Race, and Ethnicity

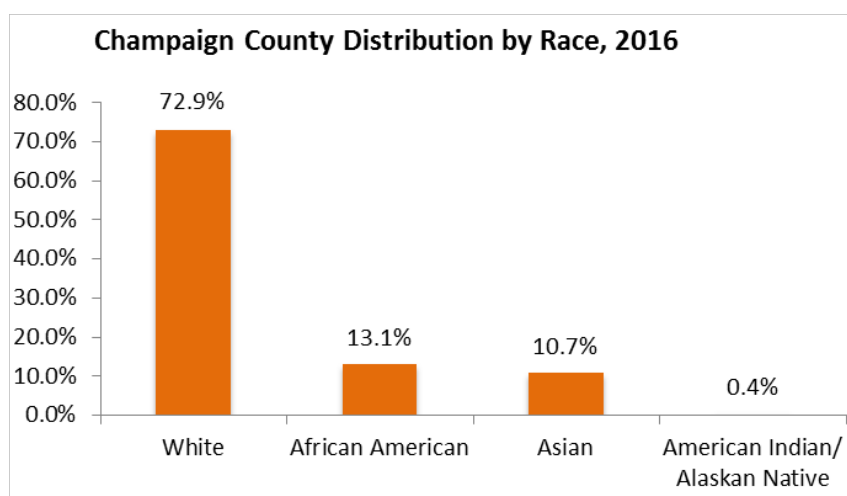
Like many areas in the United States, Champaign County is becoming more diverse each year. Being the home of the University of Illinois at Urbana-Champaign, the county was the home to 12,085 international students in the 2015-2016 school year, representing over 110 Countries. This has increased dramatically from only 4,800 in 2005, and has added much diversity to both the campus and Champaign County. This also affects the age distribution of Champaign County, with the 18-24 age range well above the state and national average.



<https://factfinder.census.gov>

Demographics

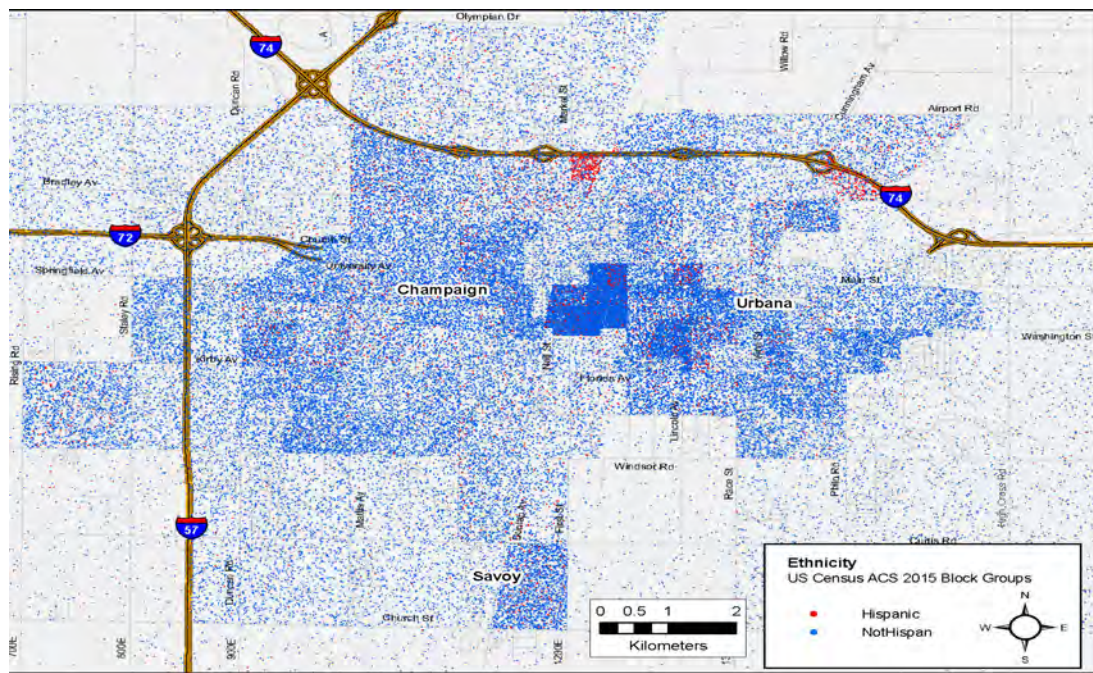
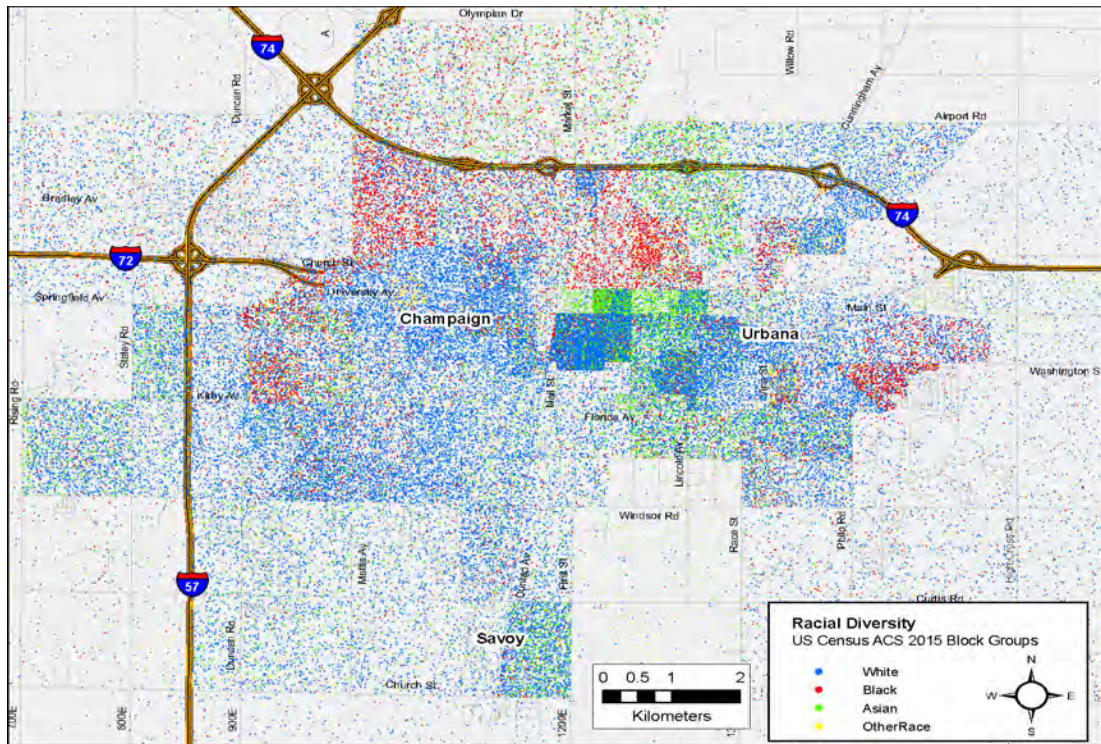
- The total estimated population of Champaign County was 208,419 in 2016, an increase of 3.6% from 2010.
- 25.6% of Champaign County's population is below the age of 20, and 11.8% of the population is over the age of 65.
- The estimated percentage of Hispanic residents in Champaign County in 2016 was 5.8%.
- Rural residents comprise 13% of the population
- In 2016, 16.3% of all persons in Champaign County speak a language other than English at home
- Foreign-born residents make up 11.8% of Champaign County's total population.



Racial Diversity, 2015

A dot-density plot of the population based on the 2015 US National Census estimates broken down by race depicts the population density and the racial diversity of their neighborhood. The center of the

Champaign-Urbana region is dominated by the University, with a majority of non-residential school buildings and surrounded by a higher percentage of Asian individuals than found in the rest of the region. There is a higher concentration of African Americans represented in the northern part of Champaign as indicated in red. The densest areas are near to the center of Champaign-Urbana just within or at the eastern and western edges of the University of Illinois campus.



Socioeconomics and Priority Populations

The table below shows the social and economic factors for Champaign County according to the 2017 County Health Rankings. Champaign County has a lower median household income than the state of Illinois. 79% of Champaign County residents report some college, compared to 68% of Illinois residents. Violent crimes in Champaign County are substantially higher than the Illinois rate.

Social & Economic Factors	Champaign County	Illinois
Median household income	\$50,800	\$59,600
Children eligible for free lunch	54%	54%
Rural population	12.7%	11.5%
Homicide rate (per 100,000 residents)	2	6
High school graduation	87%	86%
Some college	79%	68%
Unemployment	5.2%	5.9%
Children in poverty	18%	19%
Children in single-parent households	37%	32%
Violent crime (per 100,000 residents)	526	388
Injury deaths (per 100,000 residents)	49	53

2017 County Health Rankings

The below table shows the number of persons enrolled in Medicaid in Champaign County

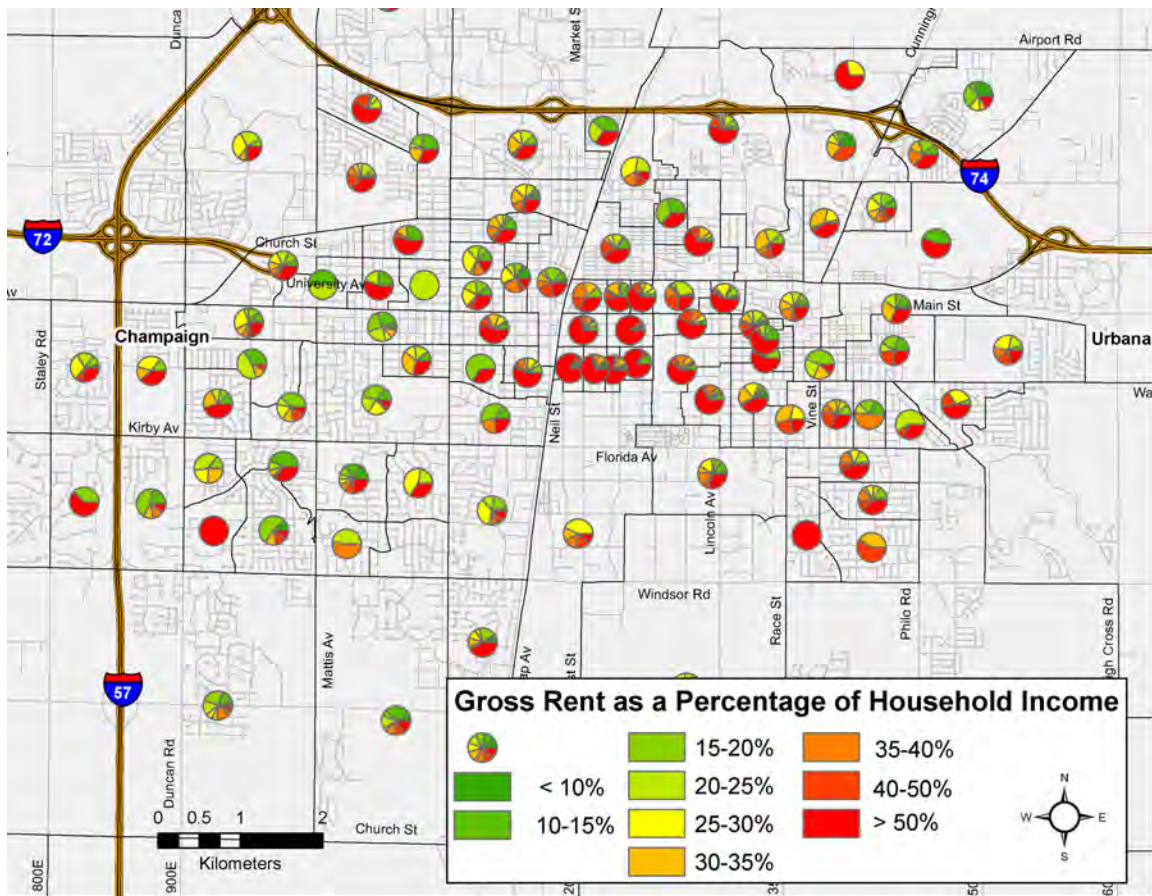
“Number of persons enrolled as of the last day of the State Fiscal Year. State Fiscal Year runs from July 1 through June 30. Children as defined as persons less than the age of 19. Adults are defined as persons older than 19 and younger than 65. Seniors are defined as persons age 65 and older. Comprehensive Benefit enrollees are clients who are eligible for all services provided under the State's Medical Assistance Program.” (<https://www.illinois.gov/hfs/info/factsfigures>)

Comprehensive Benefit Enrollees	FY2012	FY2013	FY2014	FY2015	FY2016
Children	19,928	19,199	19,211	19,342	19,083
Adults with Disabilities	2,884	2,870	2,779	2,893	2,929
ACA	NA	NA	4,737	6,621	6,858
Other Adults	8,417	8,123	8,586	8,083	7,869
Seniors	1,335	1,330	1,406	1,439	1,535

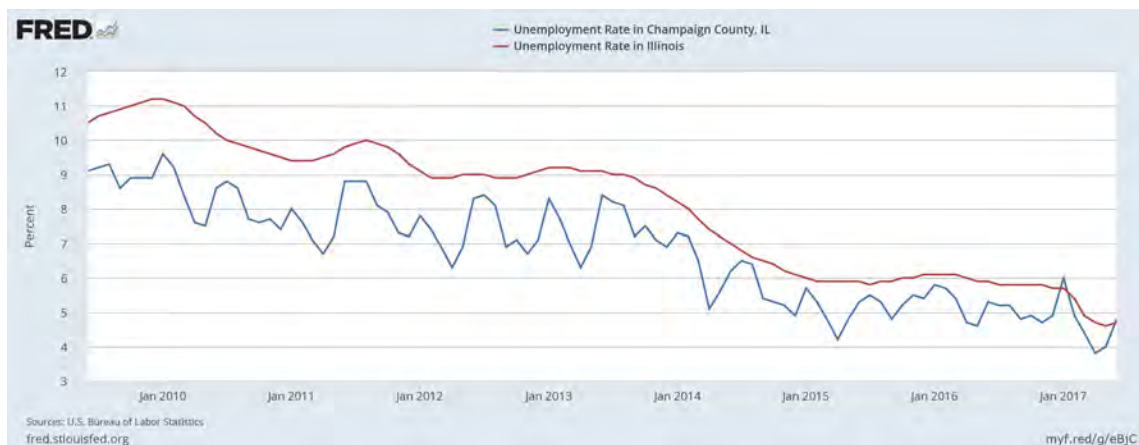
Total Enrollees	FY2012	FY2013	FY2014	FY2015	FY2016
Total	34,021	32,858	37,774	38,650	38,542

Source: Illinois Department of Healthcare and Family Services

The figure below shows the gross rent as a percentage of household income by location.



The graph below shows unemployment rates for Champaign County and the state of Illinois overall from January 2010 to January 2017. Over the past 7 years, Champaign County has consistently had a slightly lower unemployment rate than the state average with the exception of a spike in early 2017.



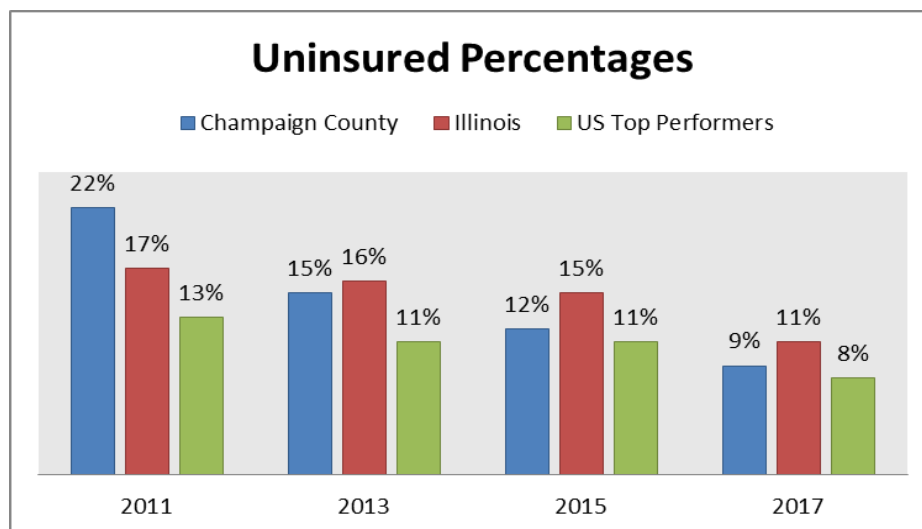
The rates of insurance and health resources in 2017 are shown in the table below. Champaign has a lower rate of uninsured adults than in Illinois. Champaign County also has a lower number of preventable hospital stays and lower healthcare costs (price-adjusted Medicare spending per enrollee.)



Health Resources and Indicators	Champaign County	Illinois
Uninsured	9%	11%
Uninsured adults	11%	14%
Uninsured children	4%	4%
Primary care physicians	1,200:1	1,240:1
Dentists	1,740:1	1,380:1
Mental health providers	470:1	580:1
Other primary care providers	893:1	1,741:1
Health care costs	\$9,084	\$9,939
Preventable hospital stays	46	56
Mammography Screening	64%	64%

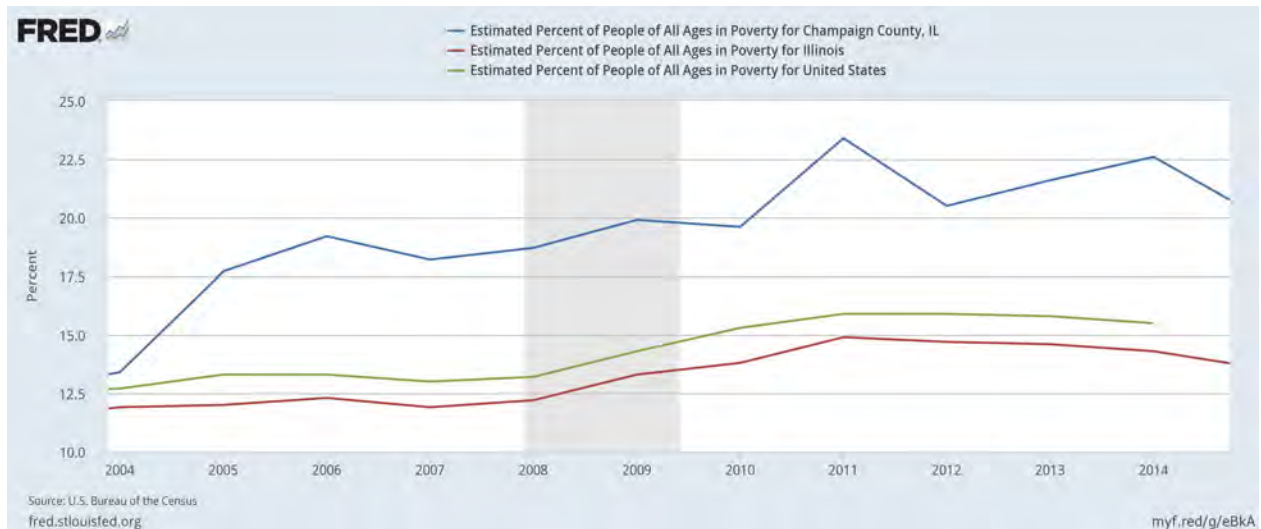
2017 County Health Rankings

According to County Health Rankings, the percentage of Champaign County residents that are uninsured has dropped from 22% in 2011 to 9% in 2017.

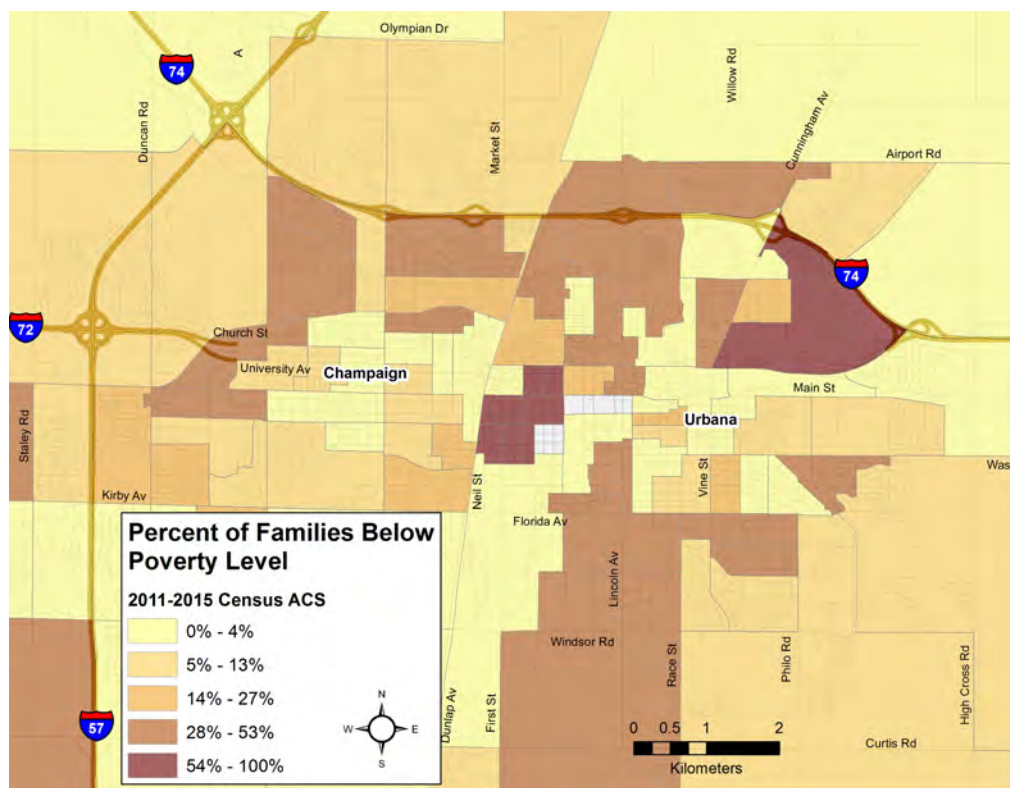


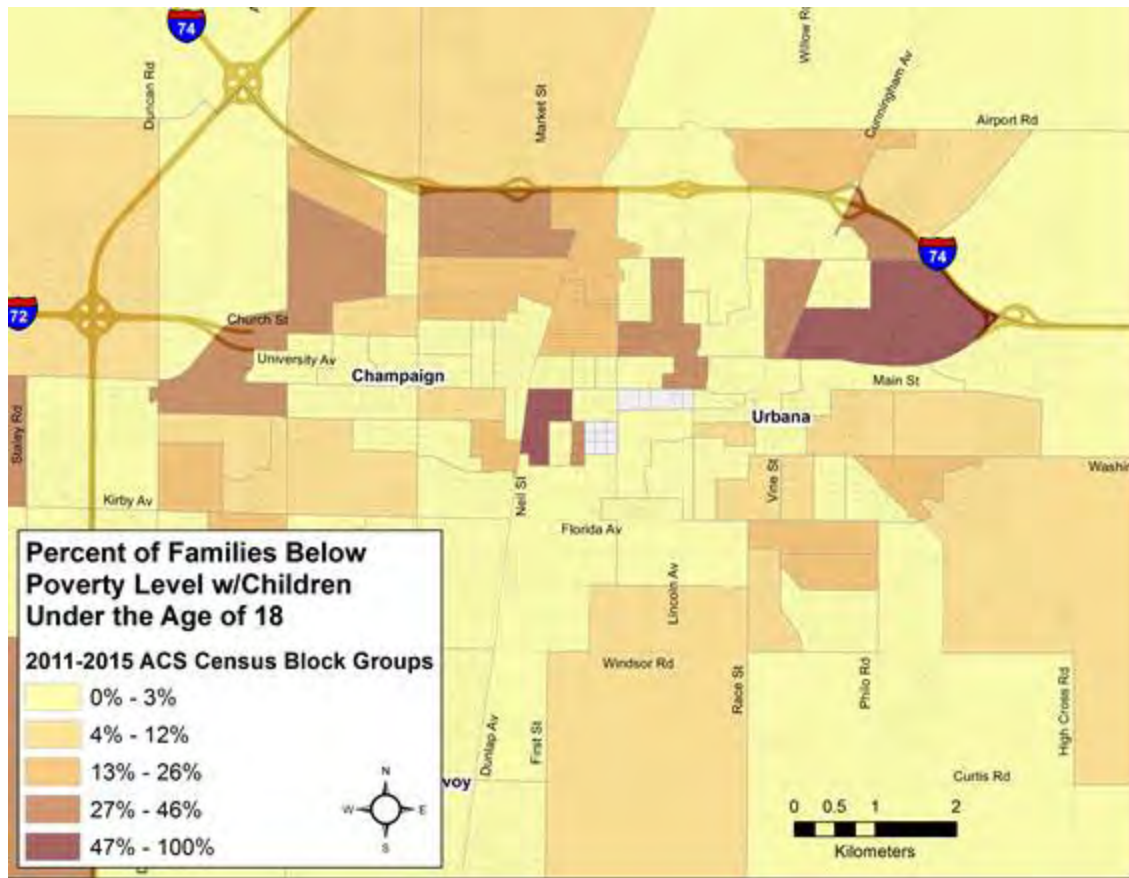
2017 County Health Rankings

The graph below shows the percent of people of all ages living in Champaign County, Illinois, and US from 2004 to 2015. Champaign County has a higher poverty rate than the overall state and national averages. In 2015, the percent of people living in poverty in Champaign County was 20.1% compared to 13.6% in the state of Illinois.

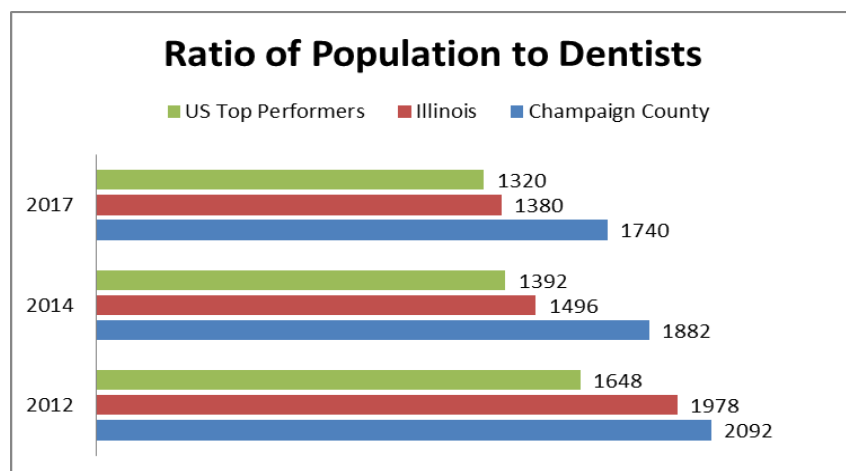


The maps below show the percentage of families living below the poverty level in Champaign-Urbana, along with the percentage of families with children under the age of 18 living in poverty.





According to County Health Ranking, the 2017 ratio of dentists in Champaign County is 1 dentist to every 1740 people living in the County. This is drastically less dentists available than the state ratio of 1 dentist to every 1380 citizens. Although there is a lot of room for improvement, the Champaign County rating has improved since 2012 when the ratio was 1 dentist to every 2092 people.



2017 County Health Rankings

According to County Health Rankings the ratio of mental health providers per 100,000 has improved drastically over the past six years, moving from 2055:1 in 2010 to 470:1 in 2016. The table below shows the ratio and number of mental health providers for Champaign County, Illinois, and the US in 2016.

Report Area	Estimated Population	Number of Mental Health Providers	Mental Health Care Provider Rate (Per 100,000 Population)
Champaign County	207,131	445	214.8
Illinois	12,806,917	23,090	180.2
United States	317,105,555	643,219	202.8

Source: University of Wisconsin Population Health Institute and County Health Rankings 2016

Chronic Disease and Health Behaviors

- Access to exercise opportunities at 84% is lower than the state average of 89%
- HIV prevalence is much lower in Champaign County than in Illinois.
- Sexually transmitted infections, food insecurity, adult smoking are all higher than the state of Illinois overall.



Health Behaviors	Champaign County	Illinois
Adult smoking	16%	15%
Adult obesity	25%	27%
Food environment index	7.2	8.0
Physical inactivity	19%	21%
Access to exercise opportunities	84%	89%
Excessive drinking	20%	21%
Alcohol-impaired driving deaths	28%	34%
Sexually transmitted infections per 100,000	608.6	516.5
HIV prevalence rate per 100,000	193	323
Food insecurity	16%	13%
Limited access to healthy foods	4%	4%
Motor vehicle crash deaths	7	8
Drug overdose deaths	14	13

2017 County Health Rankings

Access to exercise opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks (local, state, and national) or recreational facilities, which includes gyms, community centers, YMCAs, dance studios, and pools. According to the County Health Rankings, 84% of Champaign County residents have adequate access to opportunities for physical activity. Illinois' percentage is 89% and US Top Performers' percentage is 91%. Having adequate access to opportunities for physical activity is defined as individuals who:

- Reside in a census block within a half mile of a park or
- In urban census tracts: reside within one mile of a recreational facility
- In rural census tracts: reside within three miles of a recreational facility

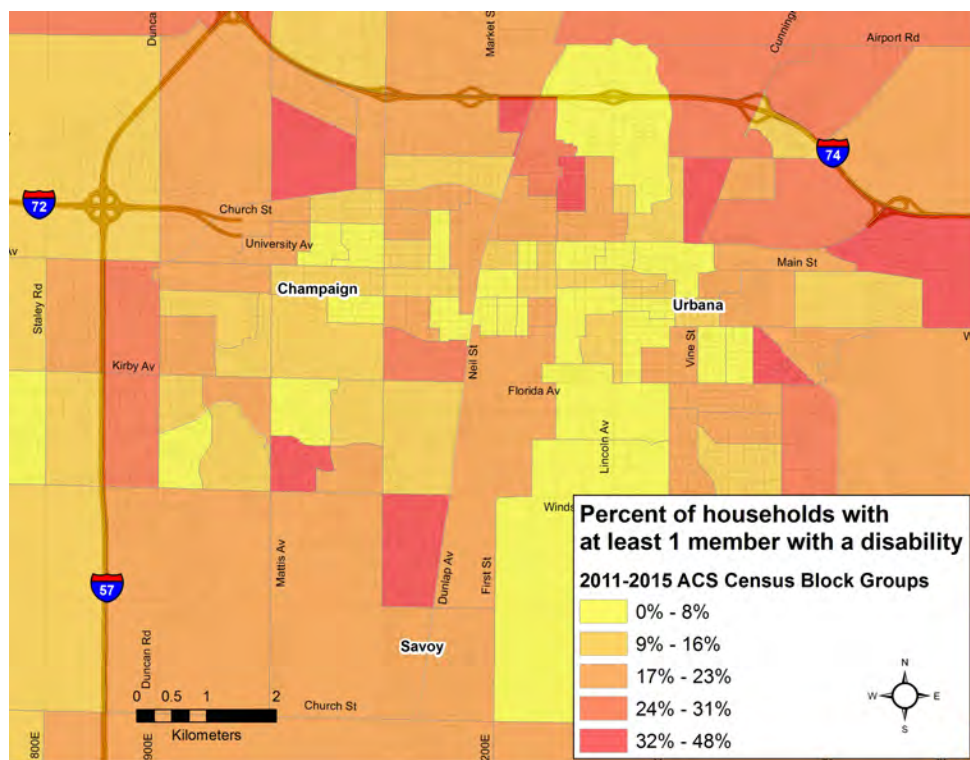
Quality of Life

Champaign County residents report relatively good health and quality of life that closely resemble state averages.

Quality of Life	Champaign County	Illinois
Poor or fair health	16%	16%
Poor physical health days	3.7	3.6
Poor mental health days	3.7	3.4

2017 County Health Rankings

The map below shows the percent of households with at least 1 member with a disability in Champaign-Urbana.



Infectious Disease

The table below shows communicable diseases in Champaign County and Illinois from 2013 to 2015.

	2015	2014	2013
Hepatitis B			
Illinois	1891	2062	1838
Champaign County	36	34	27
Hepatitis C			
Illinois	8696	8933	6819
Champaign County	75	70	54
Influenza with Hospitalization			
Illinois	482	1558	482
Champaign County	4	15	4
Lyme			
Illinois	287	233	337
Champaign County	4	7	5
Mumps			
Illinois	430	142	26
Champaign County	203	14	3
Shigellosis			
Illinois	886	840	312
Champaign County	71	3	2
Chicken Pox			
Illinois	443	596	731
Champaign County	14	7	10

Source: Illinois Department of Public Health IQUERY

Infectious Disease Sentinel Events

The table below shows sexually transmitted diseases cases and rates for Champaign County and Illinois from 2014 to 2016.

	2016		2015		2014	
	Cases	Rate	Cases	Rate	Cases	Rate
Chlamydia Champaign	1,423	707.7	1,223	608.2	1,247	620.1
Chlamydia Illinois	72,201	562.7	69,610	542.5	66,536	519.0
Gonorrhea Champaign	364	181.0	315	156.7	380	189.0
Gonorrhea Illinois	21,199	165.2	17,130	133.5	15,970	124.5
Primary and Secondary Syphilis Champaign	6	3.0	6	3.0	1	0.5
Primary and Secondary Syphilis Illinois	1,260	9.8	1,085	8.5	863	6.7

<http://dph.illinois.gov/>

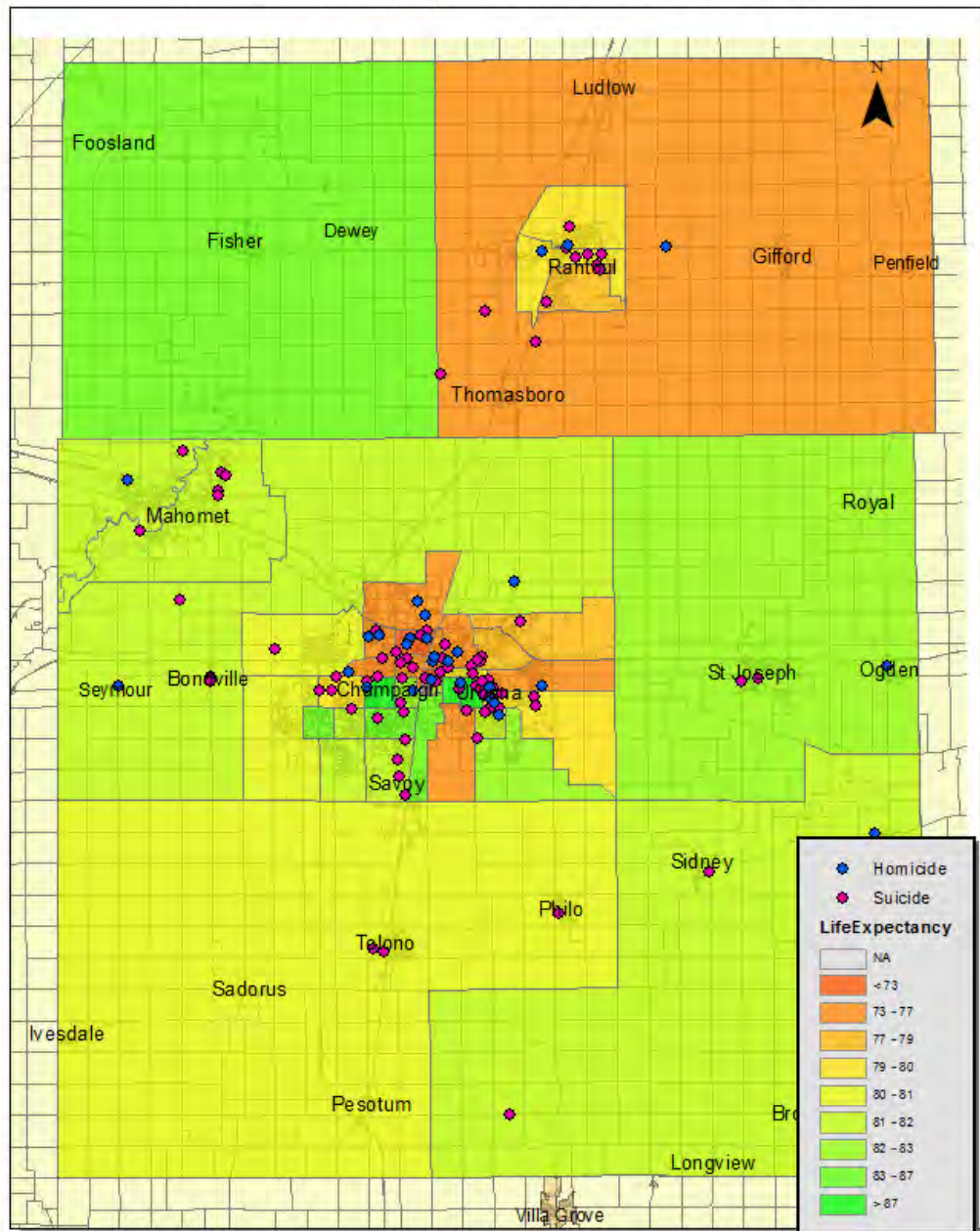
Death, Injury, and Violence

Champaign County crime rate is high compared to the state of Illinois and surrounding counties. There are many biological and social factors that can contribute to crime in the community: poverty, substance abuse, fear, lack of education, mental health, and other factors.

County or State	2015 Rate	2014 Rate
Champaign County	3,135.2	3,045.9
State of Illinois	2,300.2	2,426.0
Total crime rate per 100,000.		

Source: Illinois State Police Crime Report 2014-2015

Champaign County Homicides and Suicides (2011-2016) Total Incidence, by Residence of Deceased



According to 2017 County Health Rankings the **violent** crime rate (the number of reported violent crime offenses per 100,000 population) is 526 which is substantially higher than the state of Illinois rate of 388. The table below shows the total crime index offenses for Champaign County from 2012-2015.

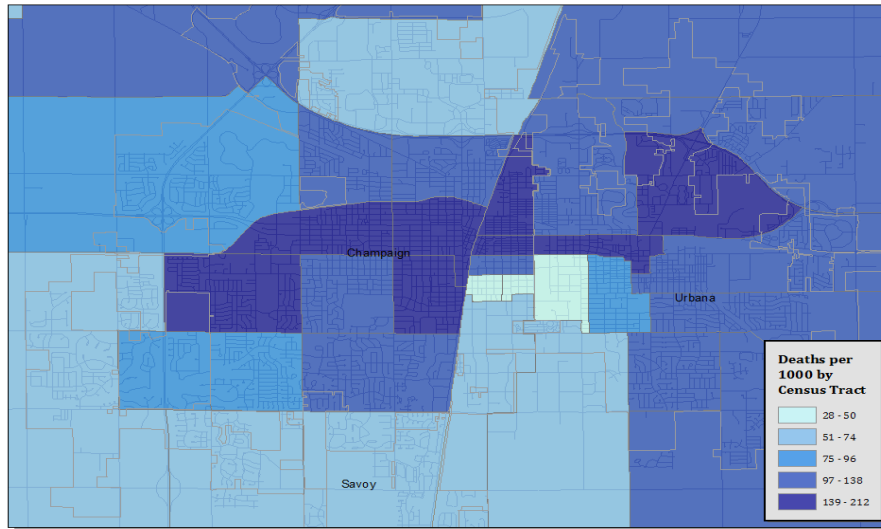
Champaign County	2015	2014	2013	2012	% change from 2012 – 2015
Total Crime Index Offense	6,494	6,243	6,567	6,999	7.2% Decrease
Murder	7	11	7	4	75% Increase
Forcible Rape	127	101	112	129	1.6% Decrease
Robbery	205	222	215	226	9.3% Decrease
Aggravated Assault/Battery	579	647	730	798	27.4% Decrease
Burglary	1,100	1,262	1,275	1,585	30.6% Decrease
Theft	4,235	3,840	4,049	4,045	4.7% Increase
Motor Vehicle Theft	196	118	147	165	18.8% Increase
Arson	37	42	32	47	21.3% Decrease

Source: Illinois State Police Crime Reports, 2012-2015

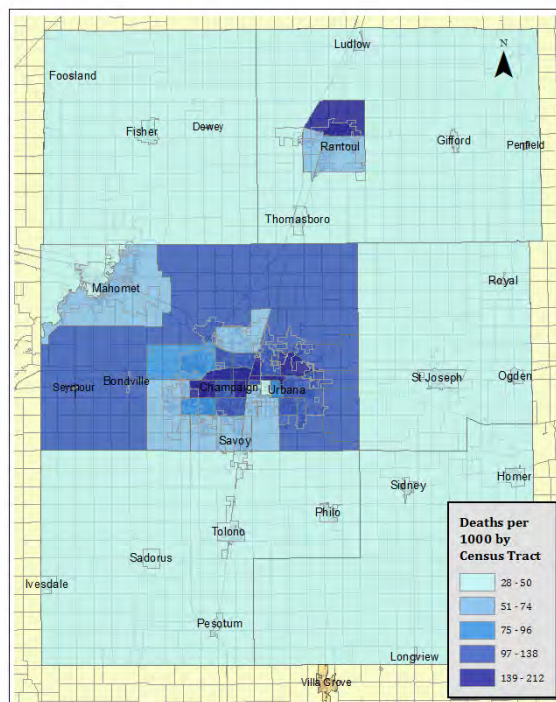
Death Rates in Champaign County

The figures below show the annual death rate for Champaign-Urbana and the annual annual death rate for the entire Champaign County.

Champaign-Urbana Average Annual Death Rate (2011-2016)



Champaign County Average Annual Death Rate (2011-2016)

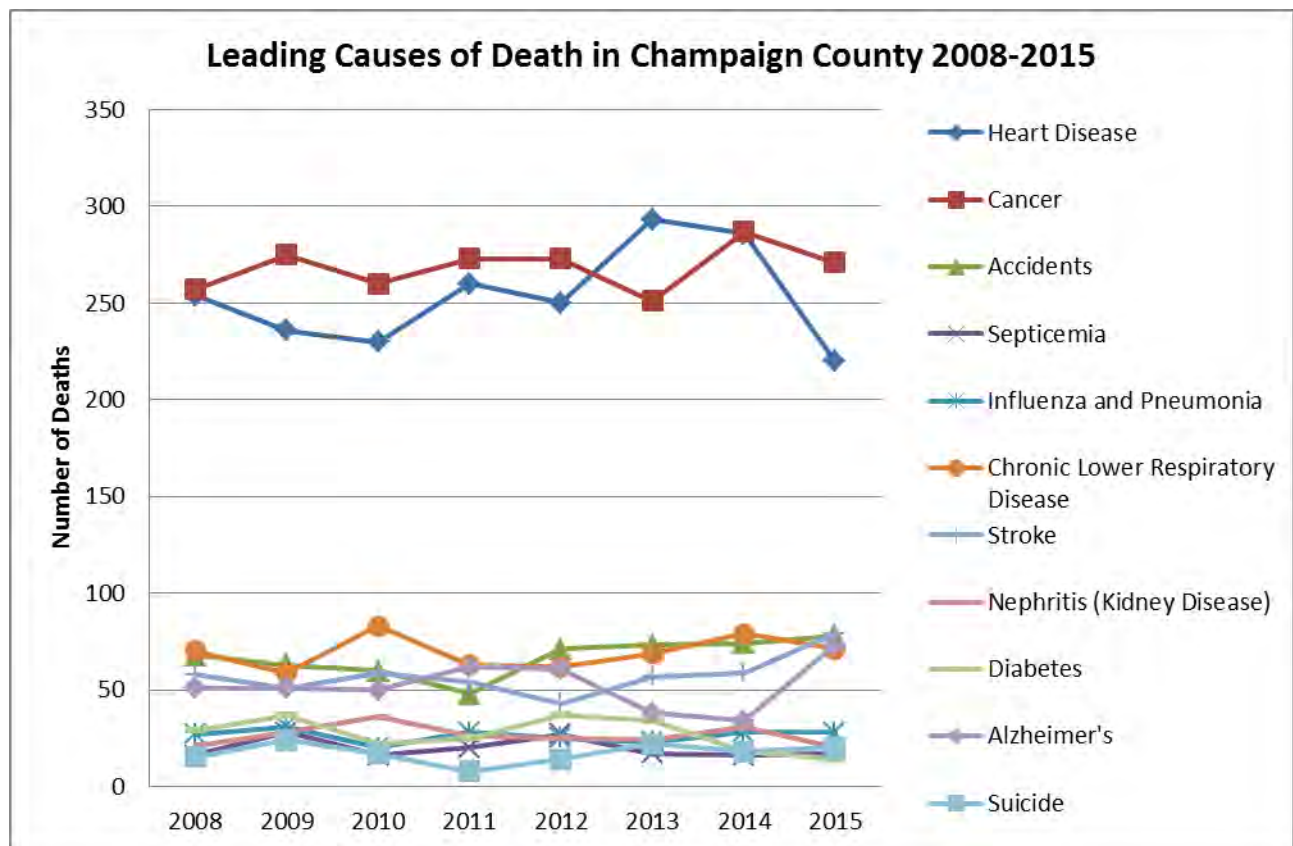


In 2015, the leading causes of death nationwide in decreasing number of deaths are heart disease, cancer, chronic lower respiratory diseases, accidents, stroke, and Alzheimer's disease. The leading causes of death in Champaign County are similar, although there are a few differences. Below are listed the leading causes of death from 2003 to 2015 in Champaign County.

The table below shows the number of deaths in Champaign County by cause from 2008-2015.

Cause	2008	2009	2010	2011	2012	2013	2014	2015
Heart Disease	254	236	230	260	250	293	286	220
Cancer	257	275	260	273	273	251	287	271
Accidents (unintentional)	68	63	60	48	71	73	74	78
Septicemia	16	28	16	20	27	17	16	17
Influenza and Pneumonia	27	31	20	28	25	23	28	28
Chronic Lower Respiratory Disease	70	59	83	63	62	69	79	71
Stroke	58	51	59	54	43	57	59	79
Nephritis (Kidney Disease)	21	28	36	26	25	24	31	20
Diabetes	29	37	22	25	37	34	18	14
Alzheimer's	51	51	50	62	61	38	34	73
Suicide	15	24	17	8	14	22	18	20
Total Deaths	1,147	1,186	1,124	1,209	1,158	1,244	1,301	1,256

Source: Illinois Department of Public Health Vital Statistics



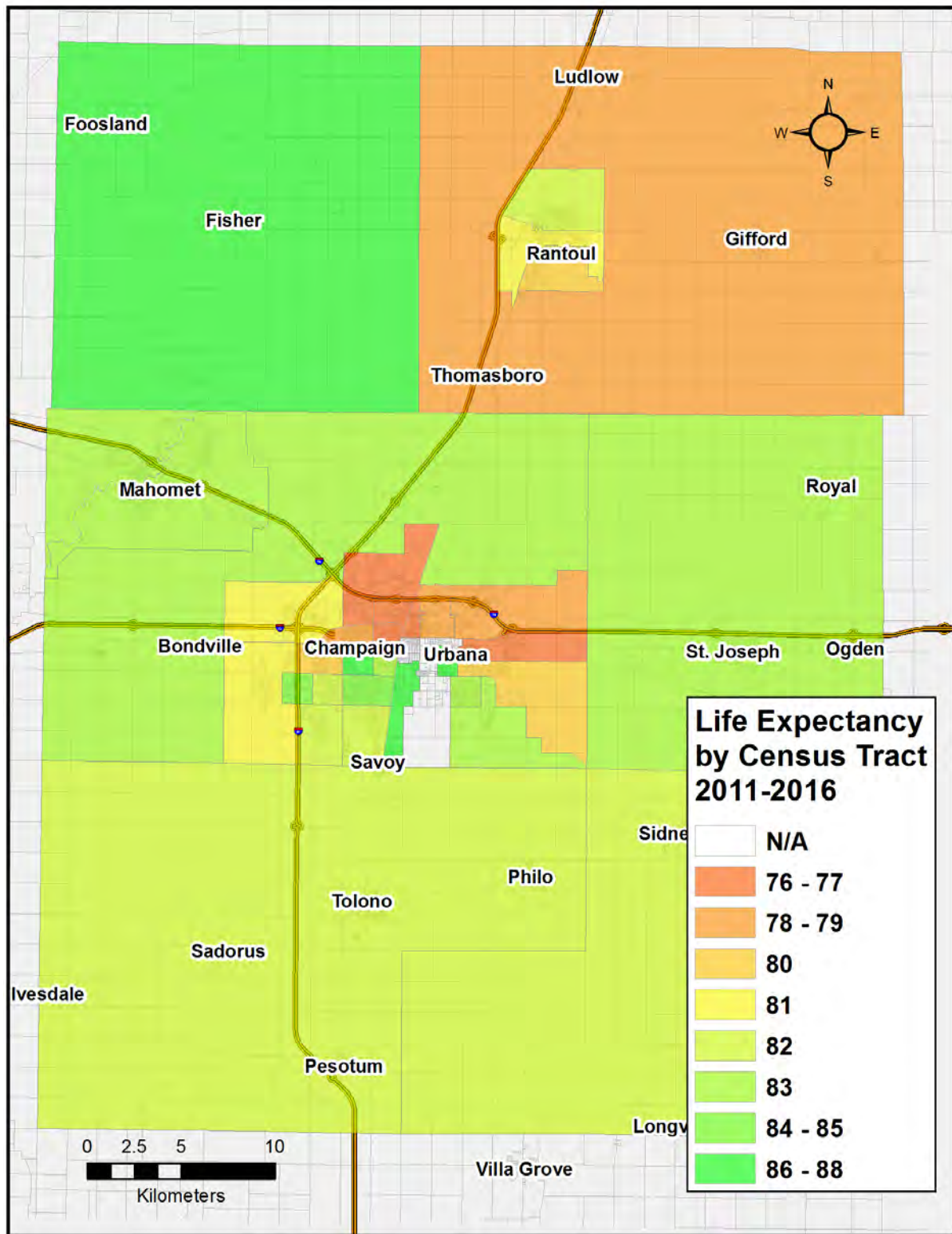
Source: Illinois Department of Public Health Vital Statistics

- In 2015, approximately 105 per 100,000 people in Champaign County died due to heart disease. In comparison, Illinois' heart disease mortality rate was roughly 171 per 100,000 population, or about 66 per 100,000 more than the Champaign County rate.
- According to the CDC, National Vital Statistics System, the Champaign County suicide rate in 2016 was 12.9 per 100,000 which is higher than the state of Illinois rate of 10.8 but lower than the national rate of 13.4.
- Alcohol-impaired driving deaths in Champaign County are significantly lower than overall Illinois and US. In 2008, 52% of driving deaths in Champaign County had alcohol involvement compared to 13% in 2015.

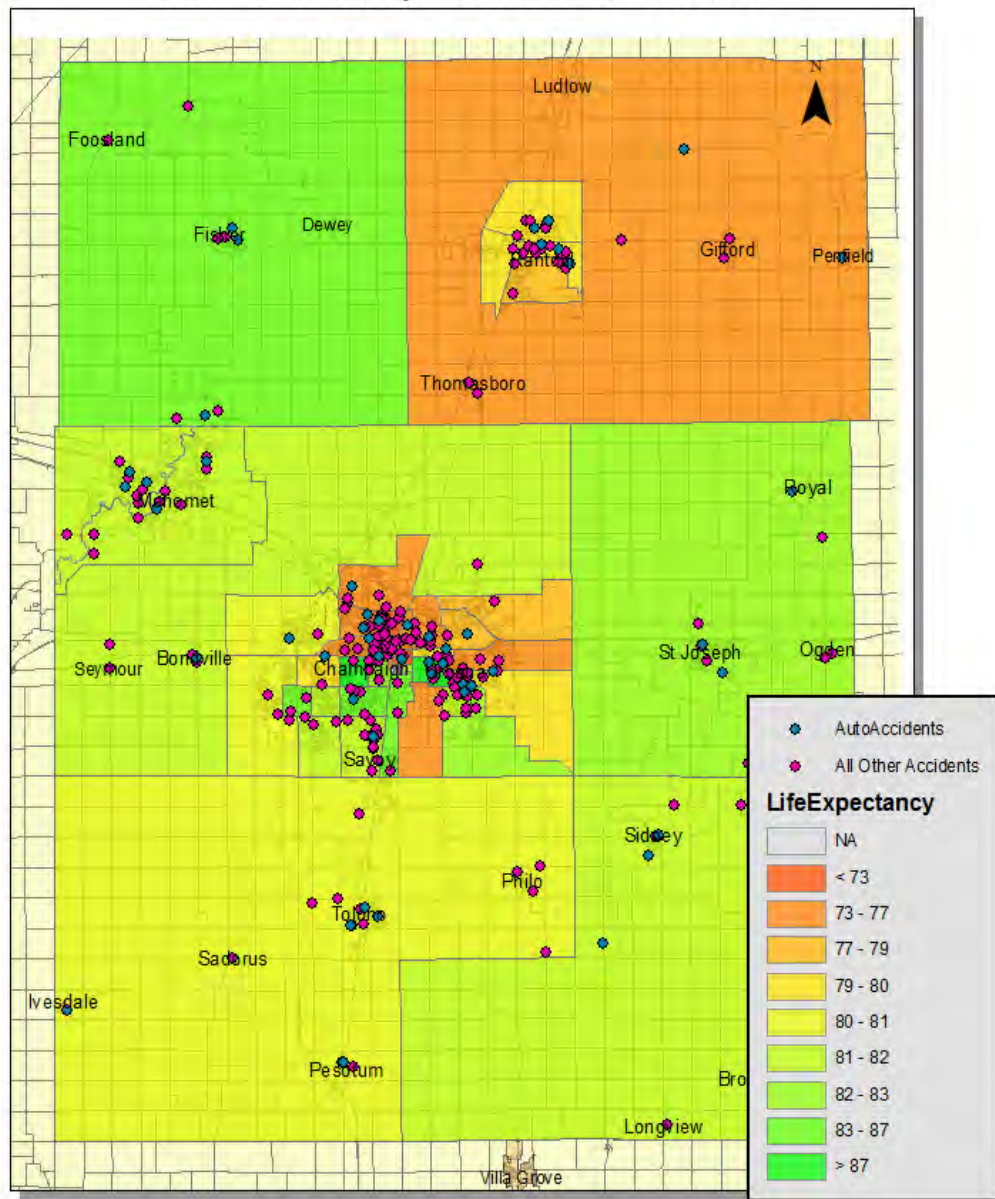


2017 County Health Rankings

The following map looks at the Life Expectancy from 2011-2016 in Champaign County.



Champaign County Accidental Deaths (2011-2016) Total Incidence, by Residence of Deceased



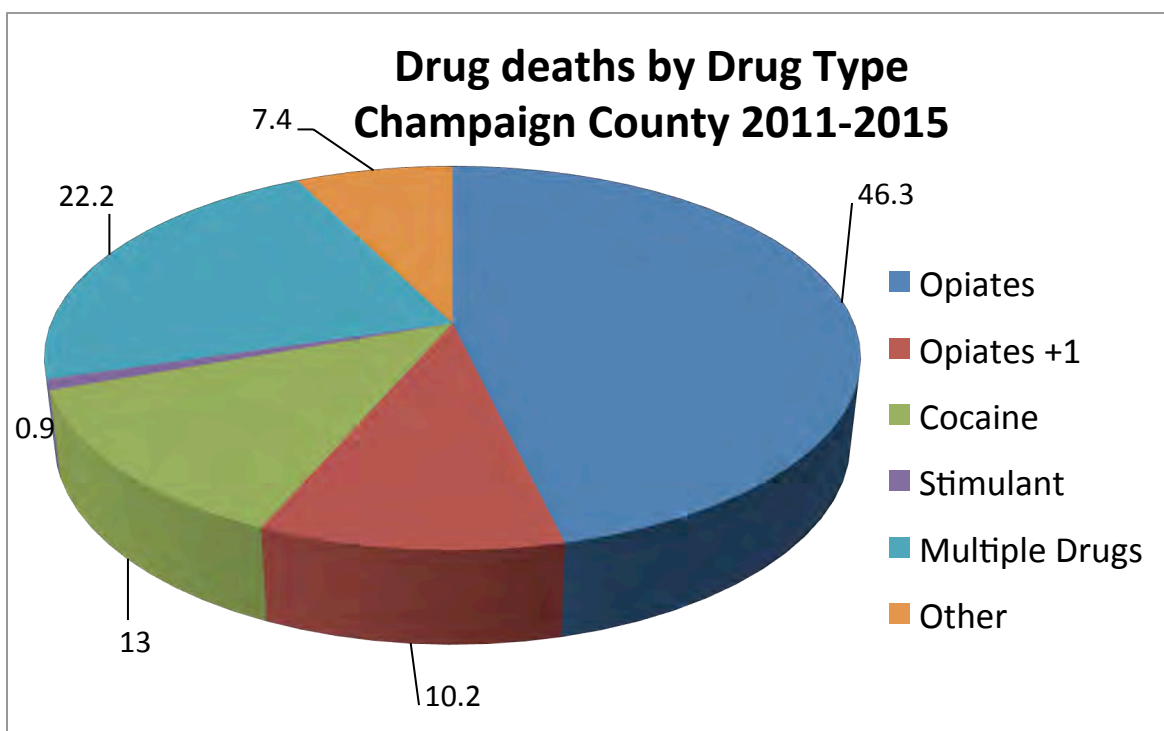
Drug-related Deaths in Champaign County, 2011-2015

According to the death certificate data compiled by Vital Records, Champaign-Urbana Public Health District, there were 132 drug-related deaths for the five-year period 2011-2015. Of these deaths, 108 were residents of Champaign County.

2011	2012	2013	2014	2015
19	19	15	26	29

Those are the ones included in this analysis. Seventy-seven of the deaths (72%) were in white individuals, and 28% in Black individuals. Over 71.3% were male, and 28.7% were female. Ages of those who had drug-related deaths were from 18-90, range 72. The mean age was 45.18. The data was bimodal with most deaths occurring at ages 39 and 47.

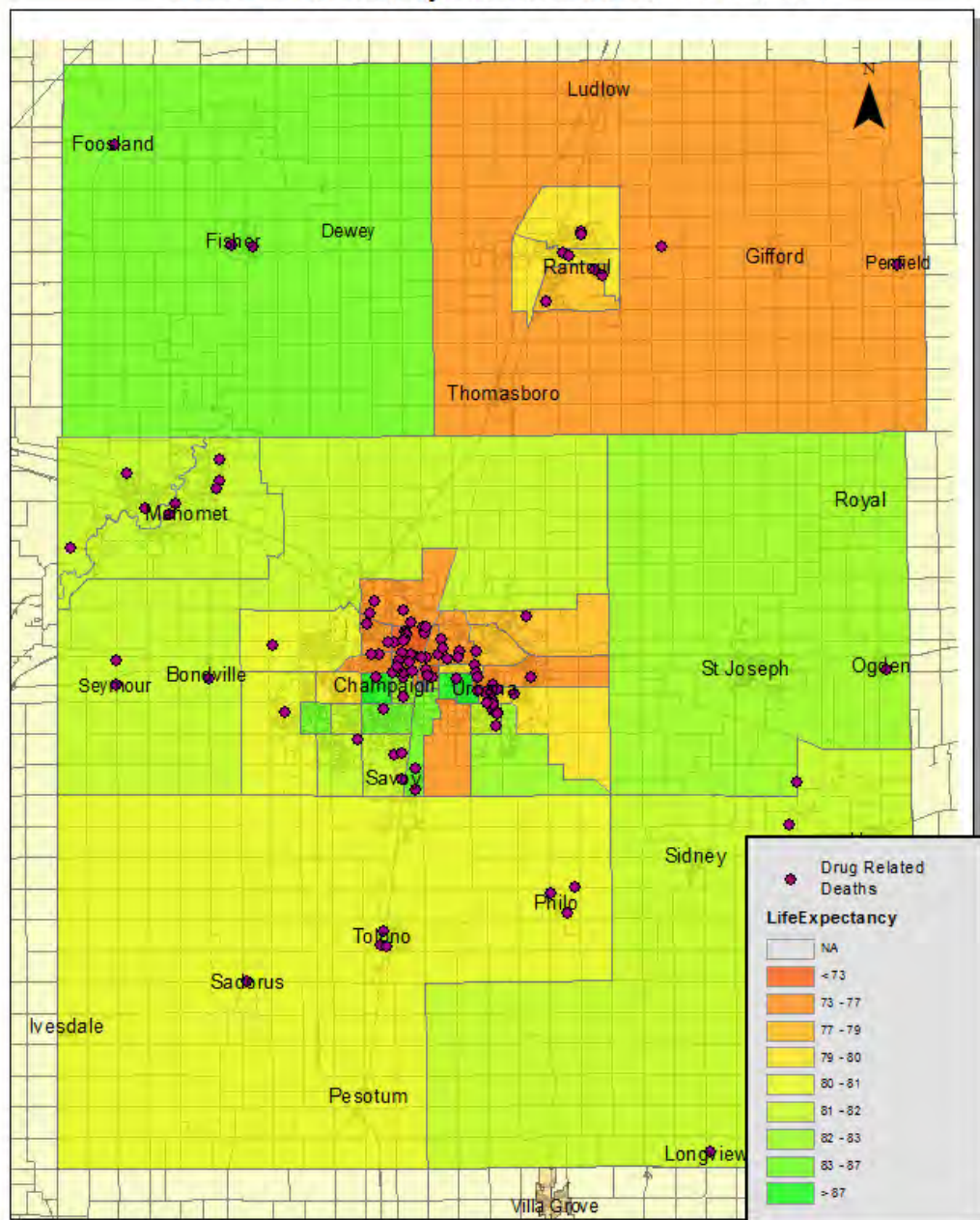
Opiates were the leading cause of drug-related deaths in Champaign County with nearly 47% listed as an opiate (heroin, methadone, hydrocodone, fentanyl), and an additional 10.2% had the cause of death listed as an opiate plus another drug(s). Over 22% listed multiple drugs as the cause of death. Over 13% died from cocaine, and less than one percent died of other stimulant use. 7.4% of the deaths were categorized as "other". They included such things as prescription drug overdose, over-the-counter drug over dose, and inhalant abuse.



Source: Champaign-Urbana Public Health District Vital Records

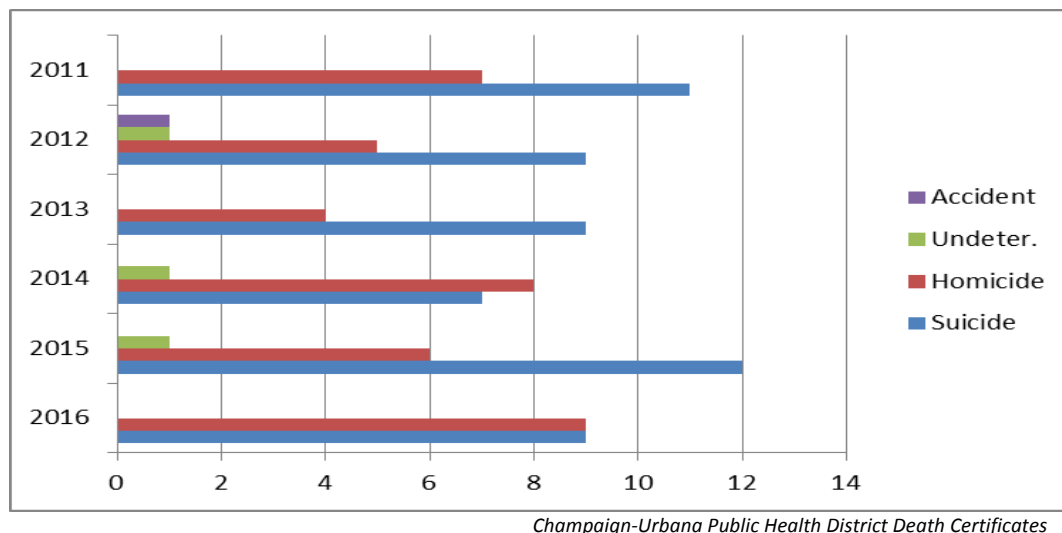
Of the 43 men who died of opiate-related death, 3 were ruled suicides, and 32 accidental. Of the 17 opiate-related deaths among females, 16 were ruled accidental, none suicides, and one natural.

Champaign County Drug Related Deaths (2011-2016) Total Incidence, by Residence of Deceased



Gun Related Deaths in Champaign County

The table below shows the gun-related deaths in Champaign County from 2011 to 2016.



Maternal and Child Health

- The teen birth rate in Champaign County (per 1,000 female population, ages 15-19) is 18. It is almost half of the prevalence in Illinois. Champaign County has one of the lowest teen birth rates in the US, with the top performing US County having a teen birth rate of 17.
- Child mortality is higher for Champaign than for Illinois.

Maternal Child Health Indicators	Champaign County	Illinois
Teen birth rate (per 1,000 female population ages 15-19)	18	30
Low birth weight	8%	8%
Infant mortality (within 1 year, per 1,000 live births)	7	7
Child mortality (among children under age 18 per 100,000)	60	50

2017 County Health Rankings

Environmental Health

- 22.64% of the population living in Champaign County has low food access. This percentage is higher than the percentage in Illinois (19.36%), but mirrors the average in the United States (22.43%)
- The number of grocery stores per 100,000 populations in Champaign County is 18.40. In Illinois and the United States the rate of grocery stores was slightly higher at 21.8 and 21.19, respectively.



- As of 2015, there were 186 fast food establishments in Champaign County. The rate of fast food restaurants per 100,000 populations in Champaign County is 92.5. This is substantially higher than state and national rates of 77.67 and 74.6, accordingly.
- Champaign County has slightly more particulate matter than average for Illinois or the US

Physical Environment	Champaign County	Illinois
Air pollution - particulate matter	10.6	10.5
Drinking water violations	1%	3%
Severe housing problems	20%	19%
Driving alone to work	68%	73%
Long commute - driving alone	13%	40%

2017 County Health Rankings

II. Community Themes and Strengths Assessment

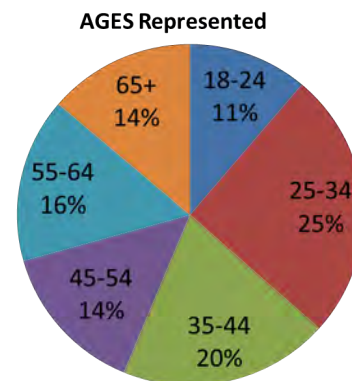
The Community Themes and Strengths Assessment (CTSA) evaluates what is important to our community, how quality of life is perceived, and what assets we have that can be used to improve community health. This assessment highlights what issues in the community are particularly important or concerning.

Methodology

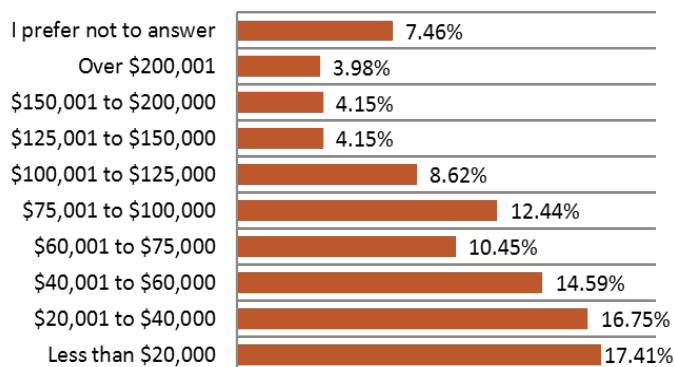
We conducted the Champaign County Community Health Survey by gathering feedback from 748 adult residents. The survey was conducted online through SurveyMonkey, although about 37% of the surveys were filled out by hand at the public health district and at various local community organizations. 89 community agency representatives were surveyed through a Community Stakeholder Survey distributed at the 1st community health plan meeting. County residents were surveyed from March 2017 to September 2017, with 659 total resident surveys completed. The survey was stratified by zip code, race, ethnicity, income, and age for a 99% confidence interval rate with 5% error.

Demographics of Survey Respondents

- 29 zip codes were represented
- 70.9 % were Female, 28.3% Male, 0.8% Transgender
- 67% of surveys were from Champaign-Urbana, while the remaining 33% was taken from the remaining towns throughout the County.
- Racial breakdown: 73% were white, 16% African American, 4% Asian. Ethnicity: 7% were Hispanic.



Household Income

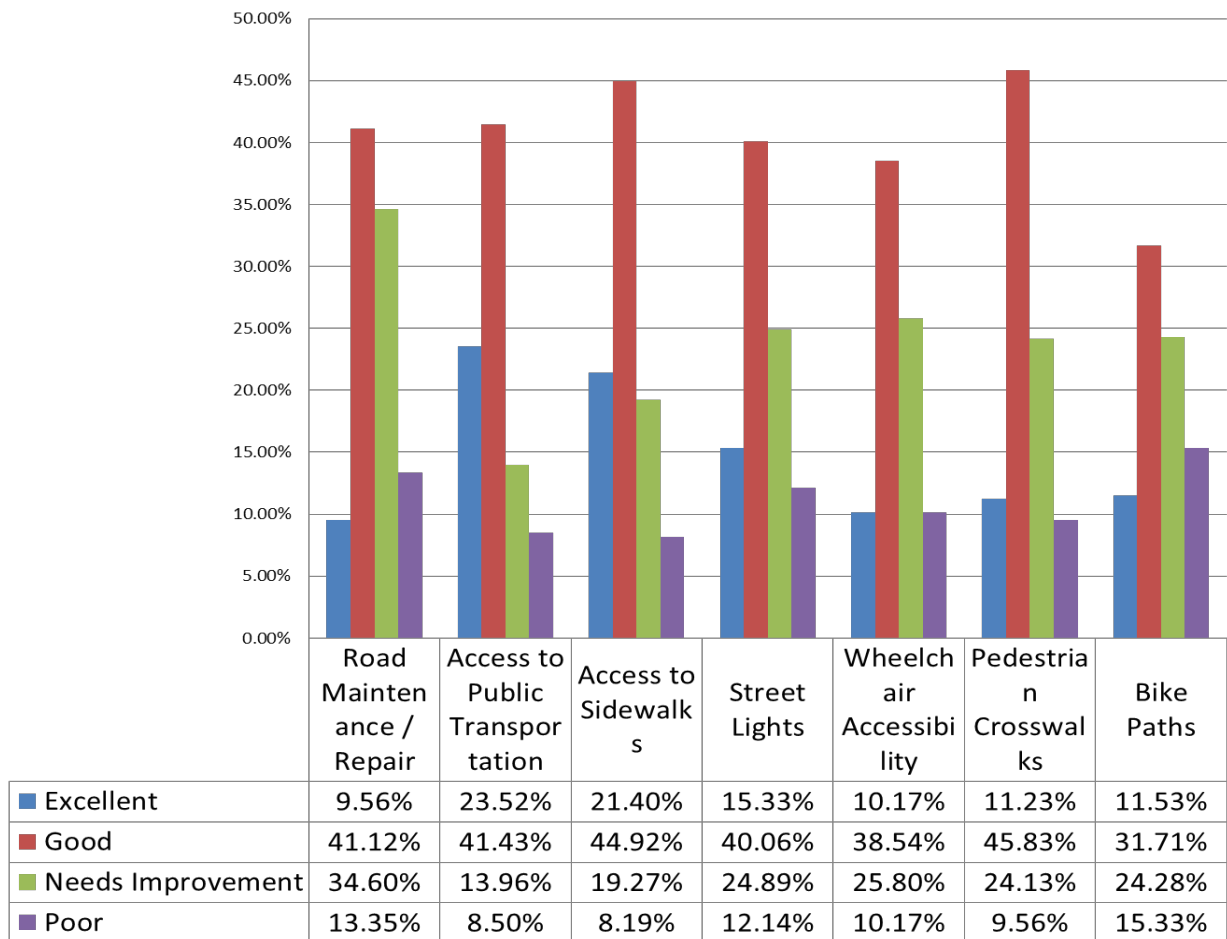


- 82% had completed at least some college (30% graduate degree or higher)
- 17% were eligible for SNAP/food stamps, 11% were eligible for WIC, 11% had children eligible for free/reduced lunch
- 5% of participants were uninsured; 14% received Medicaid ; 8% received Medicare

Neighborhood Traffic and Roads

Participants were asked to rate their neighborhood traffic and roads

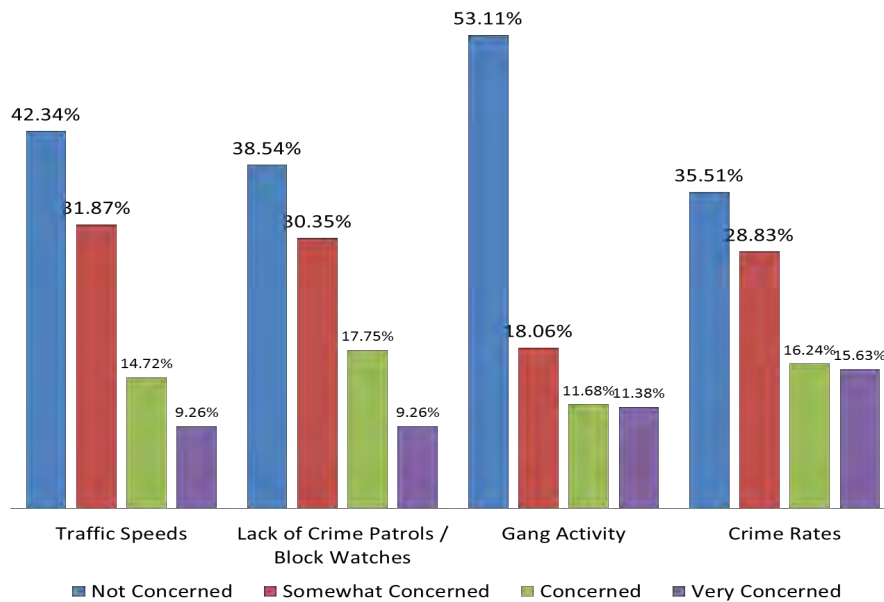
- Access to Sidewalks was ranked highest with 66.32% reporting excellent or good
- Access to Public Transportation ranked second highest with 64.95% reporting excellent or good
- Road Maintenance/ Repair scored lowest with 47.95% reporting needs improvement or poor
- Bike path scored second lowest with 39.61% reporting needs improvement or poor



Neighborhood Safety Concerns

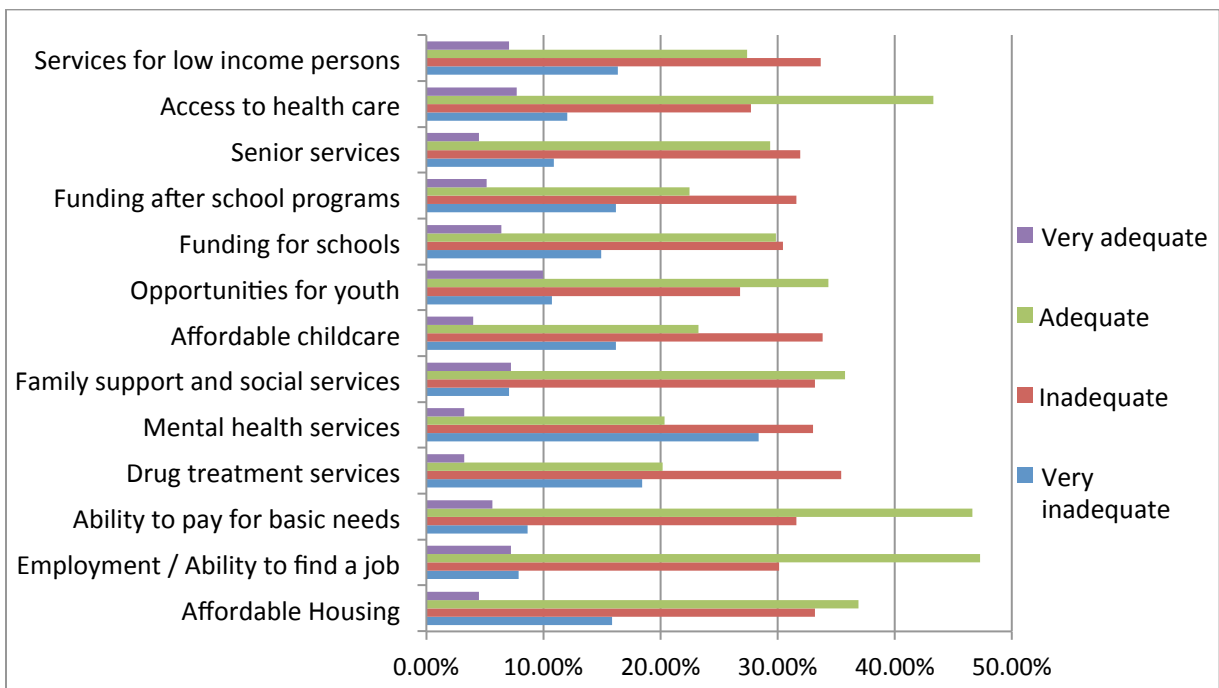
Participants were asked to rate their neighborhood safety concerns

- 31.87% reported they were concerned or very concerned about crime rates
- 27.01% reported they were concerned or very concerned with lack of crime patrols/ block watches
- 23.98% reported they were concerned or very concerned with traffic speeds
- 23.06% reported they were concerned or very concerned with gang activity



Community Resources

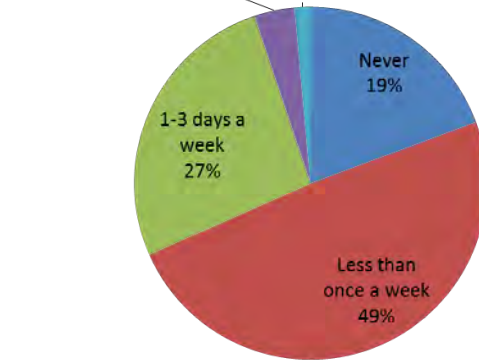
- Participants rated various community resources as very adequate, adequate, inadequate, or very inadequate in their community. The top ranked resources were employment/ability to find a job, ability to pay for basic needs like food and clothing, access to health care, and opportunities for youth. Lowest ranked resources were mental health services, drug treatment services, and affordable childcare.



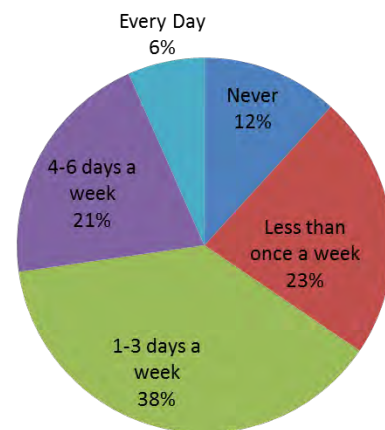
Health Behaviors

- 17.74% reported smoking cigarettes, chewing, or using e-cigarettes.
- 34.10% reported eating 5 or more serving of fruits or vegetables a day 4 days a week or more.
- 61% reported never drinking more than 4 alcohol drinks a day.
- 24.84% reported drinking more than 4 alcohol drinks a day less than once a week
- 21% reported drinking more than 4 alcohol drinks a day regularly for a least 1 day a week.
- Only 1% reported drinking more than 4 alcohol drinks every day.
- 12% of participants reported never exercising for at least 30 minutes a day, 65% of participants reported they exercise for 30 minutes at least one or more days a week.

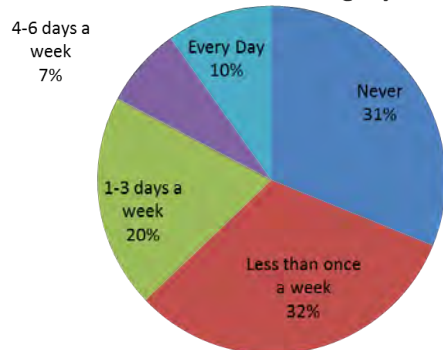
How many days do you eat fast food?



How many days do you exercise for at least 30 minutes?



I drink more than one sugary drink a day



- 37% of those surveyed reported that they drink more than one sugary drink in one day at least 1 or more days a week. 31% reported they never drink more than one sugary drink a day.

Healthcare

- 16.09% Reported Having No Primary Care Physician
- 25.12% reported it's been a year or more since they have visited the Doctor's Office for a checkup, with 5.25% of those reporting over 5 years.
- Only 75.04 % reported they had a dentist.
- 32.35% reported it's been over a year since they have been to the dentist, with 8.54% of those reporting it's been over 5 years.

Personal Satisfaction

- 80.88% were satisfied with the access to healthcare in Champaign County. 79.26% were satisfied with the quality, and only 50.70% were satisfied with the cost of healthcare in Champaign County.
- 65.97% of participants reported they are satisfied with access to affordable dental care in Champaign County.
- 73.74% reported that they believe Champaign County is a safe place to live.
- 86.71% reported that Champaign County is a racially, ethnically, and culturally diverse place to live.

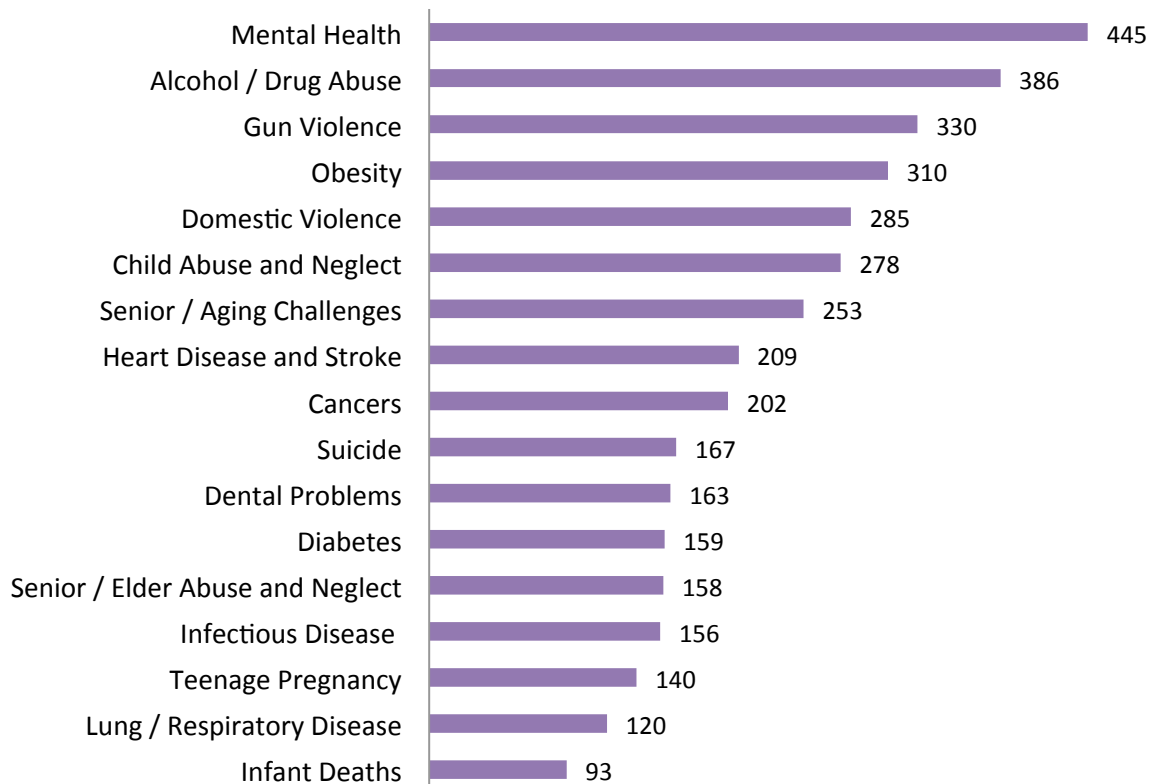


Community Health Concerns- Top Health Priorities

- Participants were asked to choose 5 top health concerns in our community that the local public health system should focus on.
- The top 5 overall identified health priorities to address were: **mental health, alcohol/drug abuse, gun violence, obesity, and domestic violence**. Lowest ranked concerns were infant death, lung/respiratory disease, and teenage pregnancy.
- Of the 5 stratified areas (zip code, race, ethnicity, income, and age) a few differences were found in top health concerns
 - Age
 - Among all age groups mental health was ranked the number one health concern
 - Domestic Violence was number the number two health concern for ages 18-24. Domestic Violence was not in the top 5 for any other age group.
 - Child Abuse and Neglect was as one of five top health concerns for ages 18-24 and 25-34 but was absent among all other age groups.
 - Cancers was in the top 5 health concerns for age groups 35-44, 55-64, and over 64 but was absent in younger age groups.
 - Zip Code
 - For all zip codes represented in Champaign County, mental health was marked as the number one health concern, with the exception of one zip code – 61866, Rantoul- where Cancer was the top health concern.
 - Gun Violence was the second highest health concern for Urbana zip codes 61801 and 61802 as well as Champaign zip codes 61820 and 61821. Zip code 61822 (Champaign) and 61853 (Mahomet) ranked Gun Violence as the third highest health concern. Rantoul, Savoy, and Rural Zip codes did not mark gun violence as a top 5 health concerns.
 - After mental health, alcohol and drug abuse was the 2nd highest health concerns for rural zip codes in Champaign County.

- Race and Ethnicity
 - Mental health was chosen as the number one health concern among all races.
 - Gun violence was ranked as one of the top 5 health concerns for all races, except among the Asian population surveyed.
 - Obesity was ranked as one of the top 5 health concerns by all races, except among the Black/African American population.
 - The top 5 priorities for the respondents who identified as Hispanic are: 1. Mental Health 2. Obesity 3. Cancers 4. Domestic Violence 5. Child Abuse and Neglect
- Income
 - Mental Health was chosen as the top health concern amongst all income levels
 - Domestic Violence was chosen as second highest health concern by those making less than \$20,000 and \$20,001-\$40,000 annually. Domestic Violence was absent from the top 5 health concerns for all other income levels.
 - Senior/ Aging Challenges were in the top 5 health concerns for those households making greater than \$75,000 annually. Senior/Aging Challenges were absent in the top 5 health concerns amongst those making less than \$75,000.

Top Health Concerns Among all Populations



III. Local Public Health System Assessment

The purpose of this assessment was to evaluate how organizations, agencies, and institutions contribute to the delivery of public health services in Champaign County, understand the existing infrastructure of organizations, agencies and institutions, and identify potential gaps, barriers, or challenges to delivering public health services in Champaign County.

Introduction

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as “What are the activities and capacities of our public health system?” and “How well are we providing the Essential Public Health Services in our jurisdiction?” The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The assessment guides state and local jurisdictions in evaluating their current performance against a set of optimal standards.

A representative sample of 84 community leaders in Champaign County assembled in July 2017 to assess the public health system during a one-day retreat. Four focus groups were held, with each group focusing on 2 to 3 of the essential public health services. An overview of the 10 essential public health services and the LPHSA is available on the NPHPS website (<http://www.cdc.gov/nphpsp/essentialservices.html>.) Briefly, the focus groups assessed the work of the public health system for a number of indicators using the following scale:

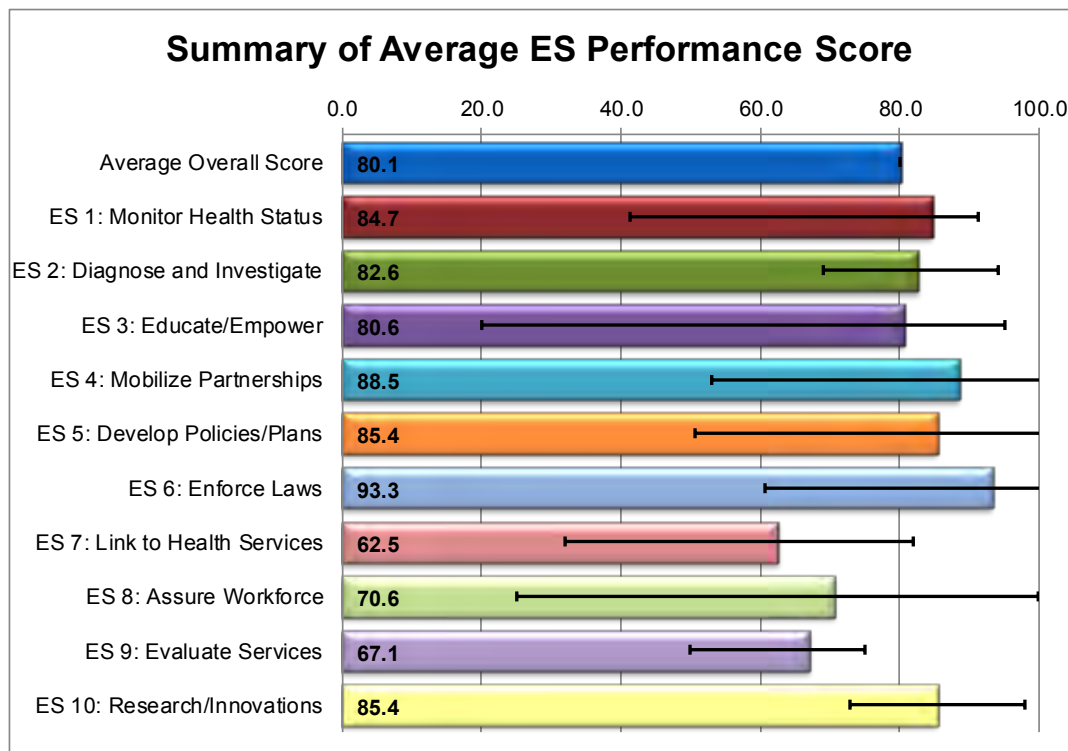
Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Results were compiled and scored according to National Public Health Performance Standards Program guidelines. The table below summarizes the findings for each essential service.

Model Standards by Essential Services	Performance Scores
ES 1: Monitor Health Status	84.7
1.1 Community Health Assessment	75.0
1.2 Current Technology	91.7
1.3 Registries	87.5

ES 2: Diagnose and Investigate	82.6
2.1 Identification/Surveillance	66.7
2.2 Emergency Response	87.5
2.3 Laboratories	93.8
ES 3: Educate/Empower	80.6
3.1 Health Education/Promotion	66.7
3.2 Health Communication	75.0
3.3 Risk Communication	100.0
ES 4: Mobilize Partnerships	88.5
4.1 Constituency Development	93.8
4.2 Community Partnerships	83.3
ES 5: Develop Policies/Plans	85.4
5.1 Governmental Presence	83.3
5.2 Policy Development	83.3
5.3 CHIP/Strategic Planning	75.0
5.4 Emergency Plan	100.0
ES 6: Enforce Laws	93.3
6.1 Review Laws	100.0
6.2 Improve Laws	100.0
6.3 Enforce Laws	80.0
ES 7: Link to Health Services	62.5
7.1 Personal Health Service Needs	75.0
7.2 Assure Linkage	50.0
ES 8: Assure Workforce	70.6
8.1 Workforce Assessment	50.0
8.2 Workforce Standards	100.0
8.3 Continuing Education	70.0
8.4 Leadership Development	62.5
ES 9: Evaluate Services	67.1
9.1 Evaluation of Population Health	62.5
9.2 Evaluation of Personal Health	70.0
9.3 Evaluation of LPHS	68.8
ES 10: Research/Innovations	85.4
10.1 Foster Innovation	93.8
10.2 Academic Linkages	100.0
10.3 Research Capacity	62.5
Average Overall Score	80.1
Median Score	83.7

The graph below shows the average scores for each of the 10 essential services. Mobilizing partnerships, enforcing laws, and research/innovations were particularly robust, while evaluating services and linking residents to health services were identified as areas needing improvement.



KEY FINDINGS

Essential Service #1 - Monitor Health Status to Identify Community Health Problems

- The Community conducts regular Community Health Assessments (CHA)
- Increased community awareness is needed of community health assessment process and results
- Significant activity in continuously updating the CHA but there is room to improve in collecting hard continual data and continuously updating the public on progress.
- CHA is being incorporated to many organizations within Champaign County
- Missing certain demographics within the County
- Some data sets are not available to the public (some organizations have to keep their data internally)
- Strong community friendly pieces
- Further build upon population health registries

Essential Service #2 - Diagnose and Investigate Health Problems and Health Hazards

- Local hospitals and public health systems are very active surveillance to identify, monitor, and share information to understand emerging health problems and threats among each other, but there is room to grow to spread information to general public, law enforcement, schools, and social services agencies. The LPHS could benefit from getting the information back out to the community and do education.

- There have been improvements in the community on communication between behavioral and physical health but a lot of work still needs to be done to improve relationship between all systems involved. Pooling or sharing timely, accurate data needed.
- Best practices are used by hospitals and health district to investigate and report public health threats.

Essential Service #3 - Inform, Educate, and Empower People about Health Issues

- The LPHS provides policymakers, stakeholder, and the public with ongoing analyses of community health status and related recommendations for health promotion through partnerships, social media, specialized programs, forums, and a variety of media sources.
- More community engagement is needed to in the process of setting priorities, developing plans, and implementing health education and health promotion activities, especially with rural or underrepresented populations.
- The local LPHS has optimal emergency communication plan in place for each stage of an emergency.

Essential Service #4 - Mobilize Community Partnerships to Identify and Solve Health Problems

- The community keeps and maintains a directory of community organizations through United Way 211 and other programs at the local hospitals.
- As part of the IPLAN process done every 3 years, the community follows an established process for identifying key constituents related to overall public health interests and particular health concerns.
- Although community partnerships have improved over the past 3 years there is still area for improvement in getting organization out of their silos and moving from contemplation to action.
- There is room for improvement in refining communication methods to reach special population.
- The LPHS has established a broad-based community health improvement committee, and evaluates organizational relationships to improve health.

Essential Service #5 - Develop Policies and Plans that Support Individual and Community Health Efforts

- Community Health assessment process is supported and performed every 3 years.
- Community works closely together on CHA.
- Improvement is needed in sharing data. There is currently no unified way to share data across agencies. Need specific data policies.
- There is a need to develop website for public to easily access community health improvement plan and updates.
- Emergency preparedness and response plans for public health emergencies are maintained well and tested regularly.

Essential Service #6 - Enforce Laws and Regulations that Protect Health and Ensure Safety

- Champaign County does a good job of identifying public health issues that can be addressed through laws, regulations, and ordinances along with regularly reviewing and updating local regulations, ordinances and laws.
- LPHS is active in participating in changing existing laws, regulations, and ordinances, and /or creating new laws, regulations, and ordinances to protect and promote public health.

Examples include sex education and smoke free policies. There is room to work towards consistency between District and County.

- The LPHS could improve by providing more education about new laws and evaluating them.

Essential Service #7 - Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

- There is room for improvement to identify groups of people in the community who are having trouble accessing or connecting to health services, especially those in rural communities.
- Due to recent budget constraints among the LPHS has not been able to optimally respond to the unmet needs of the community. Improvement needed in addressing unmet mental health needs.
- Community is under-resourced.
- Need to improve helping people access and understand eligible care, like Medicaid

Essential Service #8 - Assure a Competent Public Health and Personal Health Care Workforce

- Agencies and organizations within the local public health system conduct performance evaluations, but they are not tied to public health competencies. Champaign County does not have a formal workforce assessment of the public health system.
- Annual reviews conducted to assure competent health care workforce.
- There is need to increase training in cultural competency
- More opportunities need for the development of leaders who represent the diversity of the community.
- Lack of awareness of public health competencies and the 10 essential public health services.

Essential Service #9 - Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

- Need to expand how the community evaluates how well population-based services are working.
- Needs to evaluate whether community members are satisfied with overall approaches to preventing disease, illness, and injury.
- A lot of community programs developed in the past three years to evaluate the accessibility, quality, and effectiveness of personal health services. Initiatives at organizations to measure user satisfaction with personal health care.
- Lack of communication. Need to evaluate how well LPHS organizations are coordinating care, and use results to improve the LPHS.

Essential Service #10 - Research for New Insights and Innovative Solutions to Health Problems

- There is room for the LPHS to improve their activity developing outcome based results and do a better job of sharing results publicly.
- Lack of funding for implementation leads to gaps in conducting studies to test new solutions to public health problems. Due to budget constraints, more collaboration is needed with academic institutions that are active partners.

IV. Forces of Change Assessment

The Forces of Change Assessment observes what is occurring or might occur that impacts the health of the community or local public health system, and what threats or opportunities are generated by these occurrences. 52 surveys were collected from community leaders who brainstormed ideas and took the assessment online via Survey Monkey or on paper at the second Community Health Plan meeting in September 2017.

KEY FINDINGS

Social

- Social Media
 - Threat: disinformation spreading fast, misinformation can perpetuate emotional discord
 - Opportunity: Quick, effective way to spread message to broad audience – can be used to share correct public health information and promote health education. An avenue to quickly inform community of events, emergency situations, health information.
- Smart phone use
 - Threat: distracted driving, limits in personal social interaction.
 - Opportunity: Increases access to information where a person may be
- Violence in the community
- Local media
- Drug addictions

Economic

- Economic disparity
- Poverty
- Unemployment
- Federal funding shifts/cuts
- Changing Health Care
- State budget
 - Threat: many community services are losing staff, services, and sometimes closing their doors. Bills not being paid to providers or public health. Reduced access to safe housing and foods. Decreased care of those most in need.
 - Opportunity: creative new partnerships to address issues create non-government sponsorship for agencies, more dialogue with state legislative partners to come up with solutions.

Political

- Political extremism
- State budget crisis
- Racial tension
- Divisive political climate
 - Threat: violence and distrust of government, anger by citizens due to disagreement of policy and funding
 - Opportunity: gained interest in community level politics and higher voting rates, increase

presence of local government and citizen participation, peaceful protests

Technological

- Driverless cars
- Ubiquitous smart phones
- Online database systems
- University of Illinois research
- Increased automation of the workforce
- Increased hacking of personal data.

Environmental

- Climate Change
 - Threat: increase in extreme weather events, increase in new health problems, increase in heat symptoms, respiratory illnesses, infectious diseases etc. Increase in insects, plants, and animals that can negatively impact safety and health – aedes, albopictus mosquitoes.
 - Opportunity: economic development associated with dealing with potential extreme conditions, increased motivation to change behaviors, encourage individuals, churches, CBO's to develop emergency plans.
- Water quality: Mahomet aquifer
- Urban sprawl
- Land zoning

Scientific

- Alternative Energy
 - Threat: there is not equal access for adopting alternative energy
 - Opportunity: financial incentives for adopting alternative energy
- Partnerships with the University of Illinois
- Removal of US from the Paris Climate Agreement
- Medical Research
- Carle Illinois Medical School

Legal

- Marijuana legalization and new medical marijuana dispensaries in C-U
- Gun violence
- ACA legislation
- Mental health laws and procedures
- Immigration laws

Ethical

- Affordable housing
- Undocumented immigrant populations with severe healthcare needs
- Differences in immigration laws and sanctuary cities in County
- Incarceration of those with substance abuse disorders
- Discrimination and health disparities
- Lack of services for mental illness

Priority Health Issues

Over the course of several meetings with the input of 89 individuals representing more than 55 different agencies, the following three health priorities were determined. These community leaders were presented with the findings from the four MAPP assessment components. After these presentations, the leaders were asked to list their top health priorities, justify their reasoning and what would be the implication for not addressing these priorities in the short and long term. After an extended discussion the following three were selected as the health priorities to be addressed in the current 3-year community health plan. These are not ranked in order or preference.

Priority	Areas to Address Under Priority
Behavioral Health	Access, prevention, substance abuse, and resources
Reducing Obesity and Promoting Healthy Lifestyles	Nutrition, environment, and physical activity
Violence	Gun Violence, domestic violence, child abuse and neglect

Following is a description of each priority area, risk factors, indirect and direct contributing factors, goals, objectives, and strategies selected for each of the three health priority areas. Each worksheet incorporates the goals and objectives that Champaign County has set for the next 3 years. These health plans were developed in partnership with community leaders representing multiple agencies and organizations.

Reducing Obesity and Promoting Healthy Lifestyles

Like many communities in the United States, obesity and obesity related illnesses continue to be a concern in Champaign County. Obesity is associated with poorer mental health outcomes, reduced quality of life, and the leading cause of death in the U.S. and worldwide, through contributing to heart disease, stroke, diabetes and some types of cancer. Obesity and its related health problems have a heavy economic impact throughout the United States. Obesity is linked with higher healthcare costs for adults and children through direct medical costs, along with impacting job productivity and absenteeism. Reducing obesity, increasing activity, and improving nutrition can have a strong impact on lowering health care costs through fewer prescription drugs, sick days, ER visits, doctor's office visits, and admissions to the hospital.

Reducing obesity and promoting healthy lifestyles relates to the goal of an environmentally sustainable community in the Vision statement. For example, while walking or biking outdoors can provide physical and mental health benefits, these benefits depend on environmental conditions including heat, pollen counts, air quality (such as levels of particulate matter, nitrogen oxides and ozone), presence of insects spreading infectious diseases, heavy precipitation events, and attractive natural areas with trails. While some indicators of the key

environmental conditions for health are available from various sources, we plan to improve the collection, access, and uses of this information by the health sector in the community. Improved monitoring of the key environmental conditions will facilitate actions to promote healthy lifestyles and environmental sustainability

According to 2017 County Health Rankings, The obesity rate fell in Champaign County moving from 27% in 2014 to 25% in 2017. As of 2015, there were 186 fast food establishments in Champaign County. The rate of fast food restaurants per 100,000 populations in Champaign County is 92.5, which is substantially higher than state and national rates of 77.67 and 74.6. The number of grocery stores per 100,000 populations in Champaign County is 18.40. In Illinois and the United States the rate of grocery stores was slightly higher at 21.8 and 21.19, respectively. 22.64% of the entire population living in Champaign County has low food access. This percentage is higher than the percentage in Illinois (19.36%), but mirrors the average in the United States (22.43%)

During the IPLAN community leaders meeting it was recognized that there is currently no baseline data available for childhood obesity data in Champaign County. As a result of this discussion, Carle Foundation Hospital volunteered to develop a report to begin establishing childhood, adult, and elderly obesity rates. Staff at Carle Foundation Hospital analyzed the Body Mass Index (BMI) for all in-person patient encounters at Carle over a three month period. Data was collected from 9/1/17-11/28/17. The population included patients 2 years and older who are residents of Champaign County. Patients with a BMI greater than 100 were excluded. The total number of distinct patients encountered (after the exclusion of BMI > 100) was 42,309 patients. Using the CDC Standard BMI criteria, the report looks at underweight, normal, overweight, and obese percentages broken down by 3 age groups: Pediatrics (2-17yrs), Adult (18-64yrs), and Elders (65+yr). Data will be updated annually and used to measure progress with local Community Health Plan Obesity initiatives.

Pediatrics (2<17 yo)

Table 1: Percent of Patient BMI by Age Group and Gender (Pediatrics)

	<u>Underweight (n)</u> BMI < 5 th Percentile	<u>Normal (n)</u> 5 th ≤ BMI < 85 th Percentile	<u>Overweight (n)</u> 85 th ≤ BMI < 95 th Percentile	<u>Obese (n)</u> BMI ≥ 95 th Percentile	% Over Normal (n)
Preschool n=1596 (2-5 yo)	15% (239)	72% (1152)	6% (102)	6% (103)	13% (205)
F	51% (123)	44% (507)	45% (46)	57% (59)	51% (105)
M	49% (116)	56% (645)	55% (56)	43% (44)	49% (100)
Middle Childhood n=1878 (6-11 yo)	3% (53)	42% (789)	17% (320)	38% (716)	55% (1036)
F	57% (30)	41% (322)	45% (145)	48% (341)	47% (486)
M	43% (23)	59% (467)	55% (175)	52% (375)	53% (550)
Young Teen n=1046 (12-14 yo)	2% (16)	50% (527)	21% (223)	27% (280)	48% (503)
F	38% (6)	41% (214)	57% (127)	53% (149)	55% (276)
M	63% (10)	59% (313)	43% (96)	47% (131)	45% (227)
Teenager n=1442 (15-17 yo)	1% (11)	51% (739)	19% (279)	29% (413)	48% (692)
F	36% (4)	53% (390)	49% (136)	56% (231)	53% (367)
M	64% (7)	47% (349)	51% (143)	44% (182)	47% (325)

Table 2: Percent of Patient BMI Category by Age Group and Gender (Adults)

		<u>Underweight (n)</u> BMI <18.5	<u>Normal (n)</u> 18.5 ≤ BMI < 25	<u>Overweight (n)</u> 25 ≤ BMI <30	<u>Obese (n)</u> BMI ≥ 30	<u>% Over Normal (n)</u>
Adults (18-64 y/o)	Early Adulthood n= 11802 (18-39 yo)	2% (228)	32% (3734)	27% (3172)	40% (4668)	66% (7840)
	F	75% (171)	69% (2566)	62% (1965)	72% (3376)	68% (5341)
	M	25% (57)	31% (1168)	38% (1207)	28% (1292)	32% (2499)
	Middle Adulthood n=14553 (40-64 yo)	1% (147)	20% (2939)	29% (4261)	50% (7206)	79% (11467)
	F	75% (110)	68% (1992)	52% (2215)	59% (4265)	57% (6480)
	M	25% (37)	32% (947)	48% (2046)	41% (2941)	43% (4987)

Table 3: Percent of Patient BMI Category by Age Group and Gender (Elders)

		<u>Underweight (n)</u> BMI <18.5	<u>Normal (n)</u> 18.5 ≤ BMI < 25	<u>Overweight (n)</u> 25 ≤ BMI <30	<u>Obese (n)</u> BMI ≥ 30	<u>% Over Normal (n)</u>
Elders (65+ y/o)	Late Adulthood n= 7139 (65-79 yo)	1% (96)	22% (1545)	34% (2420)	43% (3078)	77% (5498)
	F	70% (67)	66% (1012)	49% (1175)	56% (1726)	53% (2901)
	M	30% (29)	34% (533)	51% (1245)	44% (1352)	47% (2597)
	Senior n= 2853 (80+ yo)	2% (71)	33% (945)	40% (1137)	25% (700)	64% (1837)
	F	85% (60)	64% (605)	53% (601)	59% (410)	55% (1011)
	M	15% (11)	36% (340)	47% (536)	41% (290)	45% (826)

In the Community Health Survey, respondents were surveyed on their health behaviors. 17.74% reported smoking cigarettes, chewing, or using e-cigarettes. 34.10% reported eating 5 or more serving of fruits or vegetables a day 4 days a week or more. 21% reported drinking more than 4 alcohol drinks a day regularly for a least 1 day a week. 12% of participants reported never exercising for at least 30 minutes a day, 65% of participants reported they exercise for 30 minutes at least one or more days a week.

Obesity was chosen as a priority health issues in the previous Community Health Plan. Some successes and progress made towards 2014-2017 Community Health Plan Obesity objectives and strategies include: the group acquired 501c3 status, developed health and wellness website and social media campaigns, and developed the PlayRx Program. The Play Rx program was developed at Champaign Urbana Public Health District, in partnership with the Champaign Park District. Kids who come to CUPHD for services and have a high Body Mass Index (BMI) are offered a “prescription” to any park district physical activity program free of charge. In 2016, 99 Children among 94 families were successfully registered in Champaign parks programs. The cost of these programs in 2016 totals \$13,674 in scholarships/donated funds. In 2017, the program expanded now including Urbana Park District physical activity programs free of charge and adding clients of Promise Healthcare to utilize the program.

Health Problem: Obesity		
Risk Factors: <ul style="list-style-type: none"> • Heart Disease • Diabetes • Chronic Disease • Cancer • High Blood Pressure 	Contributing Factors: <ul style="list-style-type: none"> • Inactivity • Poor Diet • Sense of defeat/embarrassment • Sense of acceptance • Genetics • Family Lifestyles • Social and Economic Factors • Sexual Abuse 	Barriers: <ul style="list-style-type: none"> • Unsafe Neighborhoods • Family Support • Poverty • Cost of Food/Cost of recreational facility • Limited access to healthy foods. • Limited knowledge of area programs/services

Reducing Obesity and Promoting Healthy Lifestyles 2018 – 2020 Goals and Objectives

Goals based on Healthy People 2020 Objectives (2017)

IPLAN Obesity and Healthy Lifestyles Core Team: Brandon Meline, Sue Grey, Caitlin Kownachi, Elise Boyer, Christine Madden, C Pius Weibel, Sallie Miller, Julianna Sellett, Keven Garcia, Linda Gibbens, Warren Lavey, Nikki Hillier, Jim Roberts, Bala Mutyala, Robert Davies, Elizabeth Silver, Robin Arbiter, Ashely Buckley, Nancy Greenwalt, Lisa Bievenue, Melissa Schumacher, Cynthia Hoyle, Elsie Hedgspeth, Jameel Jones, Julia Willis

<u>Long Term Goal 1:</u>	By 2020, reduce by 1% the proportion of adults in Champaign County who report fitting the criteria for obesity. (HP2020 NWS-8)	Target: 24.75% Baseline: 25% Data Source: 2017 County Health Rankings
---------------------------------	--	---

<u>Long Term Goal 2:</u>	By 2020, increase by 1% the proportion of adolescents who report being at a healthy weight. (HP 2020 NWS-8)	Target: 71.71% Baseline: 71% of 8 th graders surveyed in Champaign county reported being at a healthy weight Data Source: 2016 Illinois Youth Survey
---------------------------------	---	---

<u>Long Term Goal 3:</u>	By 2020, Increase the Food Environment Index by 1.	Target: 8.2 Baseline: 7.2 (Top US performers are 8.7) Data Source: 2017 County Health Rankings
---------------------------------	--	--

Long Term Goal 1: By 2020, reduce by 1% the proportion of adults in Champaign County who report fitting the criteria for obesity. (HP2020 NWS-8)

Objective 1.1	Healthy Champaign County, HCC, is a 501c3 organization meeting monthly to promote healthy eating and active living in our community. The group will serve as the Obesity and Healthy Lifestyle workgroup working towards the 2018- 2020 IPLAN goals.	Target Date: December 2020 Lead Persons/Organizations: HCC
Strategy 1.1.1	Expand HCC to include a larger variety of representatives from the community and increase membership by at least 15 new members by 2018.	Target Date: Spring 2018 Lead Persons/Organizations: HCC
Strategy 1.1.2	Maintain a comprehensive wellness event calendar for Champaign County on HCC website.	Target Date: December 2020 Lead Persons/Organizations: HCC
Strategy 1.1.3	Maintain HCC website and HCC social media sites to distribute local health and wellness information out to the community.	Target Date: December 2020 Lead Persons/Organizations: HCC
Objective 1.2	Increase the proportion of trips made by bicycling by 1% (HP 2020 PA-14)	Target Date: December 2020 Lead Persons/Organizations: HCC, Champaign Urbana Mass Transit District, Champaign County Bikes
Strategy 1.2.1	Assist with establishing public education program to encourage use of transit, walking, and biking	Target Date: 2018-2019 School Year Lead Persons/Organizations: HCC, Champaign Urbana Mass Transit District
Strategy 1.2.2	Increase appeal and affordability of biking in the region, promoting bike share if feasible, and development of a year-round biking calendar	Target Date: December 2020 Lead Person/Organization: HCC, Champaign Urbana Mass Transit District
Strategy 1.2.3	Promote certification of local	Target Date: Spring 2019

	businesses as a “Bicycle Friendly Business” through the League of American Bicyclists Bicycle Friendly America program.	Lead Person/Organization: HCC, Champaign Urbana Mass Transit District
Objective 1.3	Develop plans, resources, and tools for small/medium sized businesses to adopt/implement wellness programs	Target Date: Fall 2019 Lead Person/Organization: HCC
Objective 1.4	Develop policy to encourage providers to give out nutrition Rx and physical activity Rx	Target Date: Fall 2018 Lead Persons/Organizations: HCC, Carle, Presence Health, Promise Healthcare
Long Term Goal 2: By 2020, increase by 1% the proportion adolescents who report being at a healthy weight. (HP 2020 NWS-8)		
Objective 2.1	Track Childhood obesity data for Champaign County.	Target Date: Spring 2018 Lead Organizations: Presence Health, Promise Health, Carle Hospital, Champaign-Urbana Public Health District.
Strategy 2.1.1	Use Carle BMI patient data to track childhood BMI data in Champaign County. Update annually.	Target Date: Establish Spring 2018, update annually Lead Organizations: HCC, Presence Health, Promise Health, Carle Hospital, Champaign-Urbana Public Health District.
Strategy 2.1.2	Partner with other local community health care facilities to add to Carle data to track aggregate childhood BMI data.	Target Date: Spring 2018 Lead Organizations: Presence Health, Promise Health, Carle Hospital, Champaign-Urbana Public Health District.

Objective 2.2	Evaluate current Play Rx program, a play prescription program through Champaign Urbana Public Health District, Champaign Park District, and Urbana Park District giving out park program scholarships to overweight/obese children who are clients of CUPHD. Reduce barriers and expand program to reach broader community.	Target Date: Fall 2018 Lead Person/Organization: Champaign-Urbana Public Health District, Champaign Park District, Urbana Park District
Strategy 2.2.1	Expand Play Rx program to include qualifying children from Carle	Target Date: Fall 2018 Lead Persons/Organizations: HCC, Carle
Objective 2.3	Improve the health of children by focusing attention on increasing active travel to school.	Target Date: 2020 Lead Person/Organization: HCC, Champaign Urbana Mass Transit District
Strategy 2.3.1	Work with school districts to establish Walking School Buses and Park 'n Walk programs at K-8 schools.	Target Date: 2018-2019 School Year Lead Persons/Organizations: HCC, Champaign Urbana Mass Transit District
Strategy 2.3.2	Work with school districts to organize and hold at least two events per year focusing on safe walking and bicycling (Walk 'n Roll to School Day, Bike to School Day, etc.).	Target Date: December 2020 Lead Person/Organization: HCC, Champaign Urbana Mass Transit District
Strategy 2.3.3	Work with cities and park districts to establish Safe Routes to Parks programs, providing safe walking and bicycling access to parks within ½ mile of every household.	Target Date: December 2020 Lead Person/Organization: HCC, Champaign Urbana Mass Transit District
Strategy 2.3.4	Emphasize the health, environmental, educational, and social benefits of walking and bicycling to school through activities, contests, and	Target Date: December 2020 Lead Persons/Organizations: HCC, Champaign Urbana Mass Transit District

	incentives.	
Strategy 2.3.5	Apply for state and federal active transportation funding to support Safe Routes to School programs and projects.	Target Date: December 2020 Lead Persons/Organizations: HCC, Champaign Urbana Mass Transit District
Long Term Goal 3: By 2020, Increase the Food Environment Index by 1.		
Objective 3.1	Reduce household food insecurity and in doing so reduce hunger (HP 2020 NWS-13) Baseline in Champaign County: 16% of population lacks adequate access to food compared to 13% for the state of Illinois. (2017 County Health Rankings)	Target Date: December 2020 Lead Person/Organization: HCC, University of Illinois Extension Office
Strategy 3.1.1	Partner with U of I Extension to support the Breakfast After the Bell Grant, which provides support to school districts in implementing successful, school based breakfast programs to reduce child hunger	Target Date: December 2020 Lead Person/Organization: HCC, University of Illinois Extension Office
Strategy 3.1.2	Work with U of I Extension to evaluate and promote healthy food environments at local food pantries and food retailers	Target Date: By Fall 2020 Lead Person/Organization: HCC, University of Illinois Extension Office
Strategy 3.1.3	Support community gardens, produce/garden shares, and farmers markets	Target Date: December 2020 Lead Person/Organization: HCC, Sola Gratia Farms, University of Illinois Extension Office, Prosperity Gardens
Objective 3.2	Work with SNAP-Ed & EFNEP to teach health & nutrition curriculums in classroom	Target Date: December 2020 Lead Person/Organization: HCC, University

	and afterschool programs for pre-K, elementary, and middle school students in Champaign County Head Starts and qualifying schools in Urbana, Rantoul, Champaign, and Ludlow school districts.	of Illinois Extension Office
Objective 3.3	Develop Healthy Restaurant/ Healthy Food Retailer guidelines for easy consumer identification of healthy option; creating an HCC “seal of approval”	Target Date: Implement by Fall 2018 Lead Person/Organization: HCC, Presence Health, University of Illinois Extension Office, Urbana Park District

Behavioral Health

Behavioral health issues continue to be an issue across the county. Lack of resources, funding, and stigma contribute to the issue in Champaign County. According to County Health Rankings the ratio of mental health providers per 100,000 has improved drastically over the past six years, moving from 2055:1 in 2010 to 470:1 in 2016. According to the CDC, National Vital Statistics System, the Champaign County suicide rate in 2016 was 12.9 per 100,000 which is higher than the state of Illinois rate of 10.8 but lower than the national rate of 13.4. Alcohol-impaired driving deaths in Champaign County are significantly lower than overall Illinois and US. In 2008, 52% of driving deaths in Champaign County had alcohol involvement compared to 13% in 2015. According to the death certificate data compiled by Vital Records, Champaign-Urbana Public Health District, there were 132 drug-related deaths for the five-year period 2011-2015. Of these deaths, 108 were residents of Champaign County. Opiates were the leading cause of drug-related deaths in Champaign County with nearly 47% listed as an opiate (heroin, methadone, hydrocodone, fentanyl), and an additional 10.2% had the cause of death listed as an opiate plus another drug(s).

On the Community Health Survey, respondents were asked to rank community resources in their community. The lowest ranked resource was mental health services with 51% reporting inadequate or very inadequate services available in Champaign County. Respondents were asked to rank the top health concerns in the community. Mental health was ranked as the number one health concern with 445 votes, while alcohol and drug abuse ranked as second with 386 votes.

For the 2014-2017 Community Health Plan, behavioral health was chosen as a priority health issue. A main objective was to promote education and awareness on mental health by increasing the number of Crisis Intervention Trained (CIT) and Mental Health First Aid (MHFA) trained officers and increasing teachers trained on Youth Mental Health First Aid (YMHFA). In 2014, Unit 4 schools received a grant to train 300 staff and community members in YMHFA in a 2 year period. 101 officers had completed Crisis Intervention Training as of March 2015. In 2016, 188 County-wide officers were trained in MHFA.

Health Problem: Mental Health		
Risk Factor: <ul style="list-style-type: none"> • Environmental Health Stressors • Unidentified Mental Health Disorders 	Contributing Factors: <ul style="list-style-type: none"> • Stigma • Lack of Education • PTSD • Physical / Verbal Abuse • Genetics • Lack of social support • Poor Medicaid Reimbursement • Lack of Awareness • Language Barriers • Trauma • Substance Abuse • Low self Esteem • Sexual Abuse 	Barriers: <ul style="list-style-type: none"> • Lack of support system • Lack of transportation • Lack of funding • Lack of Providers who take Medicaid • Availability and access to counseling and screening programs • Lack of screening in Primary Care Offices • Education Levels • Lack of interagency referral • Participant follow-up

Behavioral Health 2018 – 2020 Goals and Objectives

Objectives in line with Healthy People 2020 Objectives- <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/objectives>

IPLAN Behavioral Health Core Team: Amy Huang, Mark Driscoll, Gail Raney, Allen Jones, Sheila Ferguson, Kristin Rice, Candi Crause, Candy Gilbert, Miriam Romine, Bill Brown, Beverley Baker, Jolene M Brown, Dottie Vura-Weis, John Beck, Debra Medlyn, Dale Morrissey, Tim Meneely, Marlin Livingston, Chris Garcia, Mackenzie O'Shea, Deb Fruitt, Julia Willis

<u>Long Term Goal 1:</u>	Promote community awareness about behavioral health and encourage participation in data collection to support prevention programs.	
<u>Long Term Goal 2:</u>	Implement early intervention and assessment practices to reduce the impact of mental and substance use disorders on individuals in Champaign County	
<u>Long Term Goal 3:</u>	Expand current available treatment and develop new treatment services available in Champaign County	
<u>Long Term Goal 1: Promote community awareness about behavioral health and encourage participation in data collection to support prevention programs.</u>		
Objective 1.1	Lessen stigma and raise awareness about behavioral health disorders in youth through education and advocacy.	Target Date: December 2020 Lead Person/Organization: Behavioral Health Workgroup
Strategy 1.1.1	Increase by 5% the number of youth who participate in behavioral health	Target Date: Spring 2019 Lead Person/Organization: Behavioral

	prevention programs. Establish Baseline for youth participating in prevention programs in Champaign County	Health Workgroup, Prairie Center
Strategy 1.1.2	Increase number of youth who participate in Illinois Youth Survey. Engage with Regional Office of Education to get at least 3 more schools to participate in the next Illinois Youth Survey.	Target Date: Spring 2018 Lead Person/Organizations: Behavioral Health Workgroup, NAMI, Prairie Center, United Way
Strategy 1.1.3	Increase the number of support groups available for youth by developing at least 2 new support groups by Spring 2019. Increase supportive services and activities for youth. Include behavioral health awareness in already existing after school programs.	Target Date: Spring 2019 Lead Person/Organization: Behavioral Health Workgroup network, Prairie Center, local school district, Boys and Girls Club
Objective 1.2	Work with local partners to implement awareness campaign geared towards adults in Champaign County to reduce stigma	Target Date: Summer 2018 Lead Person/Organization: Behavioral Health Workgroup
Long Term Goal 2: Implement early intervention and assessment practices to reduce the impact of mental and substance use disorders on individuals in Champaign		

County		
Objective 2.1	Educate PCP on medication management for psychotropic drugs. Increase primary care physician knowledge and services in prescribing psychotropic medicine.	Target Date: December 2020 Lead Person/Organization: Behavioral Health Workgroup, Carle, Presence Health
Strategy 2.1.1	Gather information from all providers to assess what is currently being done and how to work together to best utilize community services	Target Date: Fall 2018 Lead Person/Organization: Behavioral Health Workgroup community partners
Strategy 2.1.2	Increase provider comfort level to prescribe mental health medicine. Increase by 5% the number of non-psychiatrists who can write psychotropic prescriptions. Establish baseline.	Target Date: December 2020 Lead Person/Organization: Behavioral Health Workgroup, Carle, Presence Health
Objective 2.2	Maintain and keep updated list of Medication Assisted Treatment resources in Champaign County. Use list to educate public about available resources.	Target Date: Develop by Spring 2018 then Ongoing Lead Persons/Organizations: PROMPT, Behavioral Health Workgroup
Objective 2.3	Work with PROMPT (the Partnership to Reduce Opiate Mortality & Promote Training)	Target Date: December 2020 Lead Person/ Organization: PROMPT

group to prevent opioid overdose deaths in the East Central Illinois Region through region wide efforts to increase Naloxone awareness, access, education, training and deployment.

Long Term Goal 3: Expand current available treatment and develop new treatment services available in Champaign County.

Objective 3.1

Create behavioral health triage center in collaborations with hospitals and agencies to reduce burden on emergency rooms and the jail by providing rapid assessment, stabilization and referral to the appropriate level of care.

Target Date: December 2020
Lead Person/Organization: Behavioral Health Workgroup, Carle, Presence, Rosecrance, NAMI, local law enforcement.

Strategy 3.1.1

Assure appropriate capacity in the system of care to ensure proper care is available.

Target Date: December 2020
Lead Person/Organization: Behavioral Health Workgroup, Carle, Presence, Rosecrance, NAMI, local law enforcement.

Objective 3.2

Engage patients in case management program appropriate to level of care and level of functioning needed of the patient.

Target Date: December 2020
Lead Person/Organization: Behavioral Health Workgroup, Carle, Presence Health, NAMI, Rosecrance

Strategy 3.2.1

Minimize barriers for county clients to utilize case management services.

Target Date: December 2020
Lead Person/Organization: Behavioral Health Workgroup, Carle, Presence Health, NAMI, Rosecrance

Violence

Champaign County crime rate is high compared to the state of Illinois and surrounding counties. According to the Illinois State Police Crime Report, the total Crime Rate in 2015 for Champaign County was 3,135.2 crimes per 100,000 while the overall Illinois rate in 2015 was 2,300.2. As stated by 2017 County Health Rankings the violent crime rate (the number of reported violent crime offenses per 100,000 populations) is 526 which is substantially higher than the state of Illinois rate of 388. From the Illinois State Police Crime Reports, 2012-2015, we see that Champaign County has seen a 75% increase in homicide from 2012-2015 with 4 homicides in 2012 and 7 in 2015. There was a spike in 2014, with 11 murders in Champaign County. From 2012-2015, Champaign County saw a decrease in the number of forcible rapes, robberies, aggravated assaults, burglaries, and arson. We saw increases in murder, theft, and motor vehicle theft. According to Champaign-Urbana Public Health District Death Certificates there were 18 gun related deaths in Champaign County, 9 suicides and 9 homicides.

As part of the Community Health Survey, respondents were asked to rate their neighborhood safety concerns. 31.87% reported they were concerned or very concerned about crime rates. 27.01% reported they were concerned or very concerned with lack of crime patrols/ block watches. 23.06% reported they were concerned or very concerned with gang activity. Respondents were asked to rank their top 5 health concerns in their community. Gun Violence, Domestic Violence, and Child Abuse and Neglect all ranked high in the top community health concerns. 330 respondents marked Gun Violence, making it the third highest ranked concern. 285 reported domestic violence and 278 reported child abuse and neglect making them the 5th highest and the 7th highest ranked health concerns, respectively.

Violence was chosen as a priority health concern in the previous Community Health Plan cycle. There were two main objectives developed as part of the violence plan; 1) to foster a better relationship with community and increase outreach and community engagement 2) Reduce recidivism by providing linkage to services for individuals begin released from state and county correctional system. Both objectives were met by the community. The Champaign Coalition implemented several initiatives in the community to foster a better relationship with community and increase community engagement. In 2015 the coalition received a \$100,000 allocation from Mental Health Board for coalition initiatives. 880 individual youths benefited from Coalition- sponsored activities in 2015. Some initiatives include: quarterly Walk as One Events, development of CU Neighborhood Champions, 6 showings of Racial Taboo, and CU Fresh Start development and implementation. Meeting the second objective of the previous Community Health Plan, in 2014 Rosecrance entered into a contract with the Champaign County Board to develop a Reentry Program. This program provides case management and linkage services to individuals returning to the community from incarceration in the county jail or prison. Services include linkage to available housing, education, employment, primary and behavioral health care, and transportation services. Services began June 2015. The Reentry program goal is a 5-10% reduction in recidivism rates among those returning to the community after incarceration.

Health Problem: Violence		
Risk Factors: <ul style="list-style-type: none"> • Involvement with drugs or alcohol • Poor behavioral control • Exposure to violence • Low parental involvement • Poor family functioning • Involvement in gangs • Diminished economic opportunities • Low levels of community participation • Low self-esteem • History of family violence 	Contributing Factors: <ul style="list-style-type: none"> • poverty • substance abuse • fear • lack of education • mental health issues • economic stress • family violence 	Barriers: <ul style="list-style-type: none"> • Weak community sanctions (e.g., unwillingness of neighbors to speak out in situations where they witness violence) • Unhealthy family relationships • Low neighborhood attachment • Few organized activities in community for youths • Access to guns or other weapons • Lack of supportive services • Lack of supervision or support from parents or caring adults

Violence 2018- 2020 Goals and Objectives

Goals in line with Healthy People 2020 Objectives - <https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention/objectives>

IPLAN Violence Core Team: Julie Pryde, Brooke Adams, Anita Ung, Eva Palmer, Pat Babich-Smith, Lynn Canfield, Alejandra Coronel, Sheri McKiernan, Brianna Roy-Rankin, Jamie Perry, Amy Roberts, Allen Jones, Julia Willis

Long Term Goal 1:

Decrease gun violence, domestic violence, and child abuse and neglect in community by increasing community engagement, fostering better relationships between law enforcement and citizens, and implementing anti-violence initiatives.

Long Term Goal 1: Decrease gun violence, domestic violence, and child abuse and neglect in community by increasing community engagement, fostering better relationships between law enforcement and citizens, and implementing anti-violence initiatives.

Objective 1.1

Promote, support, and encourage effective police community relations

Strategy 1.1.1

Support Champaign County Community Coalition ongoing initiatives to foster a better relationship between law enforcement and the community. The Champaign County Community Coalition (CCCC) is a System of Care Network that includes: local government; law enforcement; juvenile justice; behavioral health; education; child welfare; and community based service providers. This network is designed to identify critical community issues that impact the lives of youth and their families.

Target Date: December 2020
Lead Person/Organization: CCCC, IPLAN Violence Workgroup partners

Strategy 1.1.2

Hold a minimum of four Walk as One Events a year to build stronger relationships between the Champaign Police and larger Champaign Community by engaging citizens with their neighborhood

Target Date: Spring 2018 then Quarterly
Lead Person/Organization: CCCC Community Partners

Objective 1.2

As a community, utilize resources to develop and promote strategic methods of crime

	reduction and prevention.	
Strategy 1.2.1	Participate in and support the Champaign County Community Coalition in <i>CU Fresh Start</i> , a targeted approach to deter gun violence. <i>CU Fresh Start</i> is designed to focus on core offenders with a history of violent, gun-related behaviors. The model has three key components, bringing together community voices, law enforcement, and supportive community services.	Target Date: December 2020 Lead Person/Organization: CCCC
Strategy 1.2.2	Develop school-based violence prevention program.	Target Date: Fall 2018 Lead Person/Organization: CCCC Community Partners
Strategy 1.2.3	Support trauma- based trainings through the Champaign County Community Coalition. <i>CU Neighborhood Champions</i> is training developed to infuse a community crisis and trauma response team to support neighborhoods impacted by increased violence and gun related activity. Based on a model call “You Can” which focuses on empowering people in the community to provide them with skills necessary to help neighbors and deliver peer support to those involved with traumatic events in the neighborhood.	Target Date: December 2020 Lead Persons/Organizations: CCCC, CU Neighborhood Champions
Objective 1.3	Implement programs to encourage community and youth Engagement	
Strategy 1.3.1	Have bi-annual showings in Champaign County of Racial Taboo, a	Target Date: Fall 2018, then bi-annually

	film that looks at the history of racism and the impact it still has today. Following the film, small discussion groups are formed to have conversations surrounding race.	Lead Person/Organization: Racial Taboo Committee
Strategy 1.3.2	Provide education initiatives and summer job programs to at risk youth. Serve 400 youth in summer jobs program.	Target Date: Summer 2018 Lead Person/Organization: CCCC Community Partners
Strategy 1.3.3	Offer youth safe, constructive, social and recreational opportunities.	Target Date: December 2020 Lead Person/Organization: CCCC Community Partners
Strategy 1.3.4	Promote Restorative Justice philosophies communitywide to assist youth and families that become involved with law enforcement	Target Date: December 2020 Lead Person/Organization: CCCC



The Action Cycle

The action cycle is the last phase of MAPP. This phase indicates the process that will assist in achieving the goals expressed in the work plans. After having a final session with committee members on the IPLAN, the action cycle was created. The three major stages of the action cycle (planning, implementation, and evaluation) were addressed and are described in detail below.

Planning

Enhance communication between providers

- a. Assemble members of different organizations with common interest
- b. Form task forces to focus on different problems within the community
- c. Create a schedule so that task forces will meet regularly
- d. Ensure that task forces will plan and implement programs in the fields of obesity, accidents, violence, and lack of access to care to improve the conditions of health in Champaign County

Implementation

Increase awareness

- a. Use a task force to locate and compile information
- b. Make information accessible through a website
- c. Track progress and trends of health problems on a regular basis
- d. Frequently update information on website for residents' awareness

Improve built environment

- a. Utilize a task force of city and county urban planners
- b. Produce a plan to improve infrastructure and built environment
- c. Implement plans to have a more physically active environment with more walking and biking paths

Evaluation

- a. Assemble the task forces with updated results on each major priority issue
- b. Discuss trends and progress towards health goals
- c. Discuss the goals and reported results
- d. Determine what changes can be made to further improve the health of the community
- e. Implement new strategies and convene regularly to re-evaluate the progress of goals and objectives

APPENDIX

Social Forces

1. Social media
 - a. Threat: disinformation spreading fast
 - b. Opportunity: quick, effective way to spread message to broad audience - can be used to share correct public health info and promote health education
 - c. Threat: misinformation or perpetuate emotion discord
 - d. Opportunity: an avenue to inform community of events, emergency situations, health information, etc. quickly
 - e. Threat: Facebook can be used for sharing incorrect information regarding health and healthcare services
 - f. Opportunity: Facebook can be used to promote education and health events
2. Smartphone use
 - a. Threat: limits in person social interaction/everyone has their face in the phone
 - b. Opportunity: increases access to information wherever a person may be
 - c. Threat: texting and driving
 - d. Opportunity: campaign to put phones out of reach when you get in your car
3. Nextdoor.com
 - a. Threat: incorrect, biased, or discriminatory information/comments can be propagated
 - b. Opportunity: sharing of information at the neighborhood level
4. Religious intolerance
 - a. Threat: decline in acceptance of different religious perspectives
 - b. Opportunity: learning opportunity for community about value diversity
5. Influx of low-income housing populations from Chicago and St. Louis
 - a. Threat: big-city caliber crime and violence brought to Champaign-Urbana
 - b. Opportunity: opportunity for health infrastructure to expand to accommodate growing populations
6. Influx of temporary populations; international students
 - a. Threat: populations who are culturally unaware and thus more vulnerable to crime and exploitation
 - b. Opportunity: increased cultural diversity, increase of educated and affluent populations
7. Violence
 - a. Threat: segments of the community are experiencing increased level of trauma that can lead to negative health and safety.
 - b. Opportunity: opportunity to reach out to impacted communities.
 - c. Threat: guns
 - d. Opportunity: education on guns for safety & hobby sport vs guns for revenge & harm dialogue
8. Hate crimes
 - a. Threat: detrimental to all and our social fabric
 - b. Opportunity: recognition that hate crimes are a serious public health problem, and be addressed as a public health problem
9. Rise of community collaboration groups
 - a. Threat: duplication and meeting burnout
 - b. Opportunity: greater collaboration between organizations and shared resources
10. Increase in community events
 - a. Threat: congestion, public safety
 - b. Opportunity: Ability for diverse community to gather, promoting healthy and fun outlets for community members
11. Local Media
 - a. Threat Can spread inaccurate information and/or fan the flames of anger and resentment toward those trying to improve health
 - b. Opportunity: can be used to inform, build consensus and advocate for positive change
 - c. Threat: not cover all sides of an issue
 - d. Opportunity: provide information needed to wide audience
12. Increased gang violence
 - a. Threat: early death

- b. Opportunity: promote non-gang activities
- 13. Overpricing of essential utilities to renters
 - a. Threat: inability to keep up with power, water, and phone bills
- 14. New American welcome Center
 - a. Opportunity: community involvement in welcoming new cultures and expanding our diversity
- 15. Drug addictions
 - a. Threat: health threat to our community
 - b. Opportunity: make more treatment services available (inpatient) in our community
- 16. Bullying
 - a. Threat: causes stress/trauma to the youth in our community
 - b. Opportunity: provide positive social/ emotional trauma information to teacher in middle schools and high schools
- 17. Undocumented immigration and refugee community access to care
 - a. Threat: legitimization of paper work in order to receive treatment
 - b. Opportunity: work as community together and practice human rights for the well-being of everyone.
- 18. Vulnerability of the elderly
 - a. Threat: abuse of their finances
 - b. Opportunity: more resources, more visibility of the issue
- 19. Migration from Chicago
 - a. Threat: violence
 - b. Opportunity: diversity
- 20. Lack of community engagement
 - a. Threat: lack of diversity, others opinions
 - b. Opportunity: new ideas, creating events/ groups that community would enjoy more and be more active in.

Economic Forces

- 1. Abundance of minimum wage part time jobs
 - a. Threat: inadequate health care coverage
 - b. Opportunity: known targets to support enrollment in Obamacare insurance plans
- 2. Economic disparity
 - a. Threat: lack of economic opportunity and living wage depresses overall economic growth
 - b. Opportunity: increase minimum wage to a living wage
- 3. Corporate welfare
 - a. Threat: low wages paid by business results in employee reliance on social services
 - b. Opportunity: exposes corporations for exploiting employees and not being good corporate citizens
- 4. Unemployment
 - a. Threat: people being bored and impoverished due to lack of employment
 - b. Opportunity: unemployment may represent unused time that could be spent productively
- 5. Growth of the University of Illinois
 - a. Threat: massive population swings as students leave and return over vacation
 - b. Opportunity: university-run social programs that directly benefit Champaign-Urbana
- 6. Federal funding shifts/cuts
 - a. Threat: federal funding shifts away from evidenced-based programs and services will lead to negative health outcomes
 - b. Opportunity: form community coalitions to look for alternative funding sources
- 7. Lack of adequate/timely state funding
 - a. Threat: many community services are losing staff, services, and sometimes closing their doors
 - b. Opportunity: there is an opportunity to have more dialogue with state legislative partners to come up with solutions
- 8. State budget
 - a. Threat: bills not being paid to providers (caring for Medicaid patients) or public health
 - b. Opportunity: creative new partnerships to address these issues
- 9. State funding for social services

- a. Threat: reduced access to safe housing and foods
 - b. Opportunity: improve community and healthcare services
 - c. Threat: decreased care of those most in need
 - d. Opportunity: create non-government sponsorship for agencies
10. High housing costs
- a. Threat: long-term transitional homelessness among young families
 - b. Opportunity: agencies working together to open homeless/ transitional shelters
11. Health care fees/programs
- a. Threat: uncertainty of stability of insurance, rising costs of care, facility fees
 - b. Opportunity: budget issues for mental health services
 - c. Threat: providers less open to accepting state payment (Medicaid), long wait lists for individuals to begin services
 - d. Opportunity: local funding
12. OSF purchasing PCMC
- a. Threat: destabilizing jobs of healthcare providers
 - b. Opportunity: increase the availability of providers and services
13. Loss of middle income jobs, fewer well-paying jobs in manufacturing and construction
- a. Threat: middle income families are unable to maintain healthy lifestyles without adequate income. Shrinking middle class.
 - b. Opportunity: provide training and education for jobs that are in demand that provide a living wage. Potential charitable donations from higher earners.
14. State pension reform
- a. Threat: people are very upset about pension reform and may do something directed at the University of Illinois out of anger
15. Too many costly retirees in our state
- a. Threat: bankrupting the state and cities
 - b. Opportunity: make others understand the problem to fix the system
16. Economic growth
- a. Threat: lack of large companies entering our area with lots of good paying jobs
 - b. Opportunity: small tech companies at Research Park
17. Lack of qualified and motivated workforce
- a. Threat: youth are not graduating with skills needed
 - b. Opportunity: increase workforce development opportunities
18. Widening income gap
- a. Threat: misunderstanding among highest income of challenges faced by low income groups, affecting health care, employment, and overall health.
 - b. Opportunity: can awaken public opinion of need for change to address these issues
19. Population growth
- a. Threat: resource scarcity, infectious disease
 - b. Opportunity: economic justice improvement
20. Discussion of a livable wage/ increase minimum wage
- a. Threat: many small businesses will struggle to adopt the changes
 - b. Opportunity: families and individuals will be able to afford healthcare, home improvements, education.
21. Predatory money lending
- a. Threat: low income people often lose good credit/ obtain debt
 - b. Opportunity: an unbanked population has access to loans
22. Lack of vocational education
- a. Threat: lack of training in schools has impacted construction and other trade workforces
 - b. Opportunity: community and nonprofit partners can work together to provide programs and training opportunities.
23. Rise in income inequality
- a. Threat: increased levels of poverty and related issues
 - b. Opportunity: social divide could increase awareness of disparity and desire for change.
24. Decrease in homeless shelters
- a. Threat: homeless population more at risk – more difficult to remain healthy mentally and physically
 - b. Opportunity: programmatic changes to help individuals move out of homelessness.

25. Development on campus/ downtown C-U
 - a. Threat: segregating campus from community further
 - b. Opportunity: business opportunities for local entrepreneurs to bridge gaps
26. Globalization; improved economic status of other nations
 - a. Threat: increasing isolationism, fear, hatred
 - b. Opportunity: learning from other nations

Political Forces

1. Increased interest in rallies and protests
 - a. Threat: health care just one of the issues (might get drowned out)
 - b. Opportunity: better organization and general interest/participation in protests
2. Political extremism
 - a. Threat: increased intolerance to differing political views
 - b. Opportunity: increase awareness by moderates of the threats posed to society of the policies espoused by the far right and far left
3. State budget crisis
 - a. Threat: further tax increases necessary to balance the budget beyond the increase just passed by the state
 - b. Opportunity: chance to reassess funding priorities and consideration of progressive state income tax
4. Racial tensions
 - a. Threat: pent-up resentment over current events leading to violent protests
 - b. Opportunity: peaceful protests, acknowledgement of tensions may lead to more integrated community
5. Formation of white supremacist groups
 - a. Threat: feeds racial tensions
 - b. Opportunity: opportunity for local police force to show no tolerance
6. The divisive, hateful political climate (national and state)
 - a. Threat: racism/xenophobia in the media and political rhetoric can cause our clients to feel unsafe or unwelcome to access important services
 - b. Opportunity: opportunity to reach out and engage more with impacted communities
7. Shift from science to religion/magical thinking in federal programming, funding and research
 - a. Threat: this will slow progress of evidence-based health and safety programs
 - b. Opportunity: increased partnerships with Universities and private funders
8. Criminal justice and racial relations
 - a. Threat: distrust in police authorities, increase in crime and hostility, public unrest
 - b. Opportunity: transparency with police operations, funding toward increases in police force and support services & equipment
9. Frustration with government officials
 - a. Threat: distrust of government, anger by citizens due to disagreement of policy and funding
 - b. Opportunity: individuals getting more involved with government proceedings - contact with reps and senators, increase presence of local government and citizen participation and awareness of meetings, etc.
 - c. Threat: violence and distrust in government
 - d. Opportunity: gained interest in community level politics and higher voting rates
10. Emergency preparedness
 - a. Threat: increased time and money
 - b. Opportunity: good ROI in the event of emergency
11. Political corruption in Illinois State Government
 - a. Threat: low morale and ability to provide leadership in state gov.
 - b. Opportunity: it has to get better since it cannot get any worse
 - c. Threat: decreased business coming to Illinois
 - d. Opportunity: term Limits
12. Radical discord between democrats & republicans
 - a. Threat: sticking to party lines is not getting work done at the state level
 - b. Opportunity: collaboration

- c. Threat: rising tension towards federal government
- 13. Zoning meetings – 5th and Hill
 - a. Threat: toxic soil will have to be relocated, responsibility
 - b. Opportunity: move public input to redirect the conversations
- 14. Political gerrymandering of congressional districts
 - a. Threat: more divided country
 - b. Opportunity: take district organization out of political process
- 15. Sugar tax
 - a. Threat: prices go up/ can't afford
 - b. Opportunity: decrease purchases that are unhealthy

Technological Forces

1. Ubiquitous smart phones
 - a. Threat: the people who don't have smart phones are more likely to be those who most need support with medical services and access (mentally ill, homeless)
 - b. Opportunity: can reach nearly everyone, even if they don't have a computer
 - c. Threat: risk of increased injury due to texting. More social isolation and cyber bullying. Less interaction with the environment.
 - d. Opportunity: there is an opportunity for direct contact with clients, and an opportunity to create or promote games and apps that increase and encourage healthy behaviors.
 - e. Threat: driving accidents and drop in social skills
 - f. Opportunity: can be used as learning tools
 - g. Threat: lead to social isolation
 - h. Opportunity: creatively explore avenues for in-person group meetings where people must interact
2. Driverless cars
 - a. Threat: reduces employment opportunities in transportation industry
 - b. Opportunity: ability of elderly to live independently, assuming can afford the new vehicle
 - c. Threat: high cost of transportation and no current laws on usage
 - d. Opportunity: fewer car accidents
3. Ability to survey and solicit community feedback through online surveys
 - a. Threat: unequal sampling, conflicting surveys may create misleading reflection of community status
 - b. Opportunity: greater information about community consensus on which to base public health decisions
4. Use of technology in education to increase lesson plans
 - a. Threat: technology is expensive and thus may increase economic inequality
 - b. Opportunity: use of technology in education allows introduction of more diverse and engaging lesson plans in primary and secondary education
5. Increased reliance of news from Facebook and internet sources
 - a. Threat: misinformation is starting to crowd out fact. This makes it for difficult to get factual information to a wide audience.
 - b. Opportunity: there is an opportunity to find creative ways to reach the community with factual information. This will require "screaming above the noise".
6. Increased video game use
 - a. Threat: rise in obesity and lack of exercise
 - b. Opportunity: video games can improve critical thinking skills and be used as a learning too
 - c. Threat: child obesity on the rise
 - d. Opportunity: develop interactive games that allow kids to participate in video games but get exercise to power the games
7. Use of mobile phones is significantly higher than land lines
 - a. Threat: frequent number changes, loss of client contact, screening process to even acknowledge a call, data/time/plan runs out
 - b. Opportunity: can reach people where they are located, quicker access to contact for services, use other means of contact, individuals must show initiative to continue contact
8. Reliance of online database systems for agencies/health care

- a. Threat: loss of information, the ability to function if systems are down, cyber security threats, not all systems are consistent
 - b. Opportunity: quick access to information, efficient, ability to compare and utilize data
- 9. MTD bus e-schedule and app
 - a. Threat: perhaps costly to do and maintain
 - b. Opportunity: huge benefit to riders in our community
- 10. Electronic medical information systems
 - a. Opportunity: improve detection, reporting and remediation of health threats
- 11. Increased use of technology
 - a. Threat: people/children do not interact as should, cannot work with others
 - b. Opportunity: use technology to show how to interact and limit screen time
- 12. University of Illinois research
 - a. Threat: focusing on big problems, sometimes leaves the immediate problems unattended
 - b. Opportunity: help more individuals and solve problems
- 13. Research park
 - a. Threat: small startups being bought out by larger companies and leave the area
 - b. Opportunity: growing small businesses
- 14. uc2b internet
 - a. Threat: not everyone has home access to computers
 - b. Opportunity: computer labs
- 15. Big data analysis
 - a. Threat: privacy concerns, misuse of data
 - b. Opportunity: improved decision making
- 16. Increased automation into the workforce
 - a. Threat: replacing jobs
 - b. Opportunity: increase in innovation
- 17. Increasing hacking of personal data
 - a. Threat: identity theft
 - b. Opportunity: improve safe guards

Environmental

- 1. Citywide recycling
 - a. Threat: possibility of thinking you are already doing enough because you recycle
 - b. Opportunity: less waste
- 2. Climate change
 - a. Threat: increase in extreme weather events
 - b. Opportunity: economic development associated with dealing with potential extreme conditions
 - c. Threat: increase in new health problems
 - d. Opportunity: increase motivation to change behaviors
 - e. Threat: increase in heat symptoms, respiratory illnesses, infectious diseases, etc.
 - f. Opportunity: make healthcare facilities leaders in energy efficiency and clean energy; community education on threats from greenhouse gas emissions
 - g. Threat: extreme weather will tax community resources for responses (blizzards, extreme heat, tornadoes, wind)
 - h. Opportunity: encourage individuals, churches, CBOs to develop emergency plans
- 3. Climate change-increase in insects, plants and animals that can negatively impact safety and health
 - a. Threat: Aedes Albopictus mosquitoes are capable of spreading diseases which we are not accustomed to here (Zika, Chikungunya, Dengue).
- 4. Water quality
 - a. Threat: poor water quality, i.e. lead contamination, poses health risk
 - b. Opportunity: rise awareness, develop new standards and testing practices
- 5. Noise pollution
 - a. Threat: noise from traffic, construction, industry disturbs community peace
 - b. Opportunity: noise could be interpreted as sign of community growth and liveliness
- 6. Land zoning
 - a. Threat: land distribution for commercial/residential change, run off, lack/over development in

- areas
 - b. Opportunity: growth opportunity, ability to rezone for service/agency needed based on demographics
- 7. Winter weather (snow/sleet)
 - a. Threat: inability to get to work/school, destruction to roads, lack of access to services due to illness/transportation, homeless population needs shelter from elements, increase in medical costs
 - b. Opportunity: can plan for weather systems, development of access to school work if must be out, good public transportation
- 8. Urban sprawl
 - a. Threat: 'dead' areas in central cities
 - b. Opportunity: repurpose these areas to continue to work to bring people back to the city
- 9. Coal ash, lead and other environmental toxins
 - a. Threat: cancers, cardiovascular illnesses, etc.
 - b. Opportunity: improve healthcare information systems and involve healthcare providers in remediating toxic sites
- 10. Mahomet aquifer threatened by Clinton landfill, toxic waste disposal
 - a. Threat: landfill over Clinton will accept PCBs that contaminate entire aquifer, lack of legal protections for our aquifer, the only source of potable water we have. Improper disposal leads to contamination of water and air.
 - b. Opportunity: oppose permits allowing landfill to accept PCB's. Creation of regional partnerships to protect our aquifer and conserve our water supply. Can reduce use of toxins, improve disposal options.
- 11. Natural disaster (tornado)
 - a. Threat: displaced residents and infrastructure
 - b. Opportunity: partnerships to plan for response
- 12. Water Drought
 - a. Threat: decreased farm production
 - b. Opportunity: evaluate drought-tolerant plant species.
- 13. Urban gardening
 - a. Threat: waste
 - b. Opportunity: partner with food pantries
- 14. North prospect traffic congestion
 - a. Threat: pollution, road rage, accidents
 - b. Opportunity: create alternate routes

Scientific Forces

- 1. Major grants funded to research at the University
 - a. Threat: money from grants may not necessarily directly benefit Champaign-Urbana, but still attract personnel that utilize city resources
 - b. Opportunity: money from grants may flow into benefits for Champaign-Urbana
- 2. Broader impacts of research grants
 - a. Threat: broader impacts/outreach programs funded by research may benefit only privileged education programs in town
 - b. Opportunity: broader impacts/outreach programs expose younger generations to scientific training and education
- 3. Alternative energy (solar, wind, electric vehicles)
 - a. Threat: there is not equal access for adopting alternative energy
 - b. Opportunity: financial incentives for adopting alternative energy (solar, wind)
- 4. University of IL scientific resources and expertise
 - a. Threat: potential for Bio-error or other accidents (radiation, chemical)
 - b. Opportunity: innovation and dissemination of knowledge through community collaborations
- 5. Removal of US from the Paris Climate Agreement
 - a. Threat: harm the environment
 - b. Opportunity: could give people locally motivation to change personal behaviors to better the

environment

6. Medical research
 - a. Threat: staff needed, requirements necessary for the research, access to results
 - b. Opportunity: access to good medical facilities, medical clinic being established at U of I, partnerships developed
7. Expanding WIFI access to all
 - a. Threat: expensive
 - b. Opportunity: bring huge long-term benefits to our citizens
8. Carle Illinois Medical school
 - a. Threat: will turn inward and not engage community
 - b. Opportunity: engage community to utilize med students and conduct research in community
 - c. Opportunity: increase training of medical students, physicians and researchers on climate-related health impacts
9. Childhood obesity
 - a. Threat: increased prevalence puts kids at risk of chronic disease
 - b. Opportunity: increased walking and biking paths, walking to school
10. Prevention
 - a. Threat: screenings, immunization, flu shots etc below needed levels
 - b. Opportunity: large health care provider networks; public health system
11. New UI College of Medicine with engineering focus
 - a. Threat: could decrease the number of physicians in family practice, psychiatry or pediatrics
 - b. Opportunity: more physicians with high technology experience
12. Genetic advancements
 - a. Threat: some may bring up moral issues
 - b. Opportunity: identifying risks, potential cures

Legal Forces

1. Push to decriminalize marijuana
 - a. Threat: backlash that pushes for harsher treatment of the crimes
 - b. Opportunity: reduce racial imbalance of victimless crimes
2. Legalization of marijuana
 - a. Threat: discrepancies in information, policy implementation, increase of marijuana use, drug test results are positive, more opportunity for less quality product to be on market, impairment for individuals
 - b. Opportunity: treatment/relief for medical conditions, oversight needed for quality
 - c. Threat: increased use of all illegal drugs
 - d. Opportunity: restrict medical marijuana to disease with proven improvement with marijuana
3. Opening of two medical marijuana dispensaries in Champaign-Urbana
 - a. Threat: increased non-medical related use
 - b. Opportunity: better awareness. Help those with medical conditions who benefit from marijuana use
4. Gun violence/violent crime
 - a. Threat: disrupts quality of life for community and victims
 - b. Opportunity: address trauma associated with the incidents, improve community response and relations with criminal justice system to reduce incidents
5. Illegal immigration
 - a. Threat: creates an environment where victims of crime may not report to police for fear of investigation into own legal status
 - b. Opportunity: reform laws to provide a path to citizenship
6. Uncertain/ Changing Immigration laws
 - a. Threat: increased discrimination against to both legal and illegal aliens
7. Not enough peace officers in the police force
 - a. Threat: not enough peace officers in the police force to serve and protect the community!
 - b. Opportunity: not enough peace officers in the police force to fret about minor infractions
8. Deregulation of internet neutrality
 - a. Threat: greater commercialization of internet by large companies, i.e. Comcast

9. Opiate addiction
 - a. Threat: increase in morbidity and mortality due to opiate addiction
 - b. Opportunity: opportunity for increased community building with those who are addicted to opiates (and their friends and family) to prevent overdose. This can be the initial, low-threshold entry into treatment.
10. Vaping and electronic cigarette proliferation
 - a. Threat: increased initiation by non-smokers can lead to nicotine addiction
 - b. Opportunity: can work as a harm reduction tool for heavy smokers to reduce their reliance on combustible tobacco
11. ACA legislation
 - a. Threat: confusion on how policy is implemented and if it will remain in place, increased stress for those with pre-existing conditions, access to mental health services
 - b. Opportunity: access to preventative care, access to insurance
 - c. Threat: decreased number of people with insurance leading to poorer health outcomes
 - d. Opportunity: campaign for adjustments to improve ACA
12. Community police board in Champaign
 - a. Threat: suggests distrust of police force
 - b. Opportunity: creates more openness and dialogue among police and community
13. Changing rules around alcohol permits
 - a. Threat: limiting business activity
 - b. Opportunity: creates possibility to minimize or eliminate unofficial St. Patrick's Day
14. Concealed carry in Illinois
 - a. Threat: more people may use deadly force to protect themselves in a non-deadly force situation, more gun violence, more availability of weapons, more easily stolen
 - b. Opportunity: people will be able to protect themselves in a deadly force situation, gun safety classes
15. Mental health
 - a. Threat: physical violence, e.g. public {school, mall} shooters
 - b. Opportunity: we can do more; maybe everyone needs a mental health check-up like a physical or dental check-up
16. Inadequate access to legal recourse for poor
 - a. Threat: loss of entitlements and access
17. Lack of mental health awareness among police officers
 - a. Threat: mentally impaired people will not be compliant because of mental health episodes
 - b. Opportunity: support residents by making sure law enforcement has ample training on common mental health conditions in our community.
18. Rescinding of DACA
 - a. Threat: increased fear of immigrants, loss of diverse contributing members of our community

Ethical Forces

1. Affordable housing
 - a. Threat: high housing costs limit results in overcrowding or inability to afford other basic needs; food, utilities, healthcare
 - b. Opportunity: community collaboration to develop new resources
 - c. Threat: sky high rental rates driven by university student population
 - d. Opportunity: incentives to landlords to diversify their properties
2. Police brutality
 - a. Threat: police overstepping authority in enforcing laws
 - b. Opportunity: people scared into not violating laws?
3. Mental health concerns
 - a. Threat: individuals with severe mental health problems can cause massive social disruption
 - b. Opportunity: improved, more accessible mental health services benefit everyone
4. Incarceration of those with mental illness
 - a. Threat: persons are being incarcerated due to behaviors related to mental illness
 - b. Opportunity: opportunity for mental health providers and government to work together to find

alternative, more humane, less expensive options.

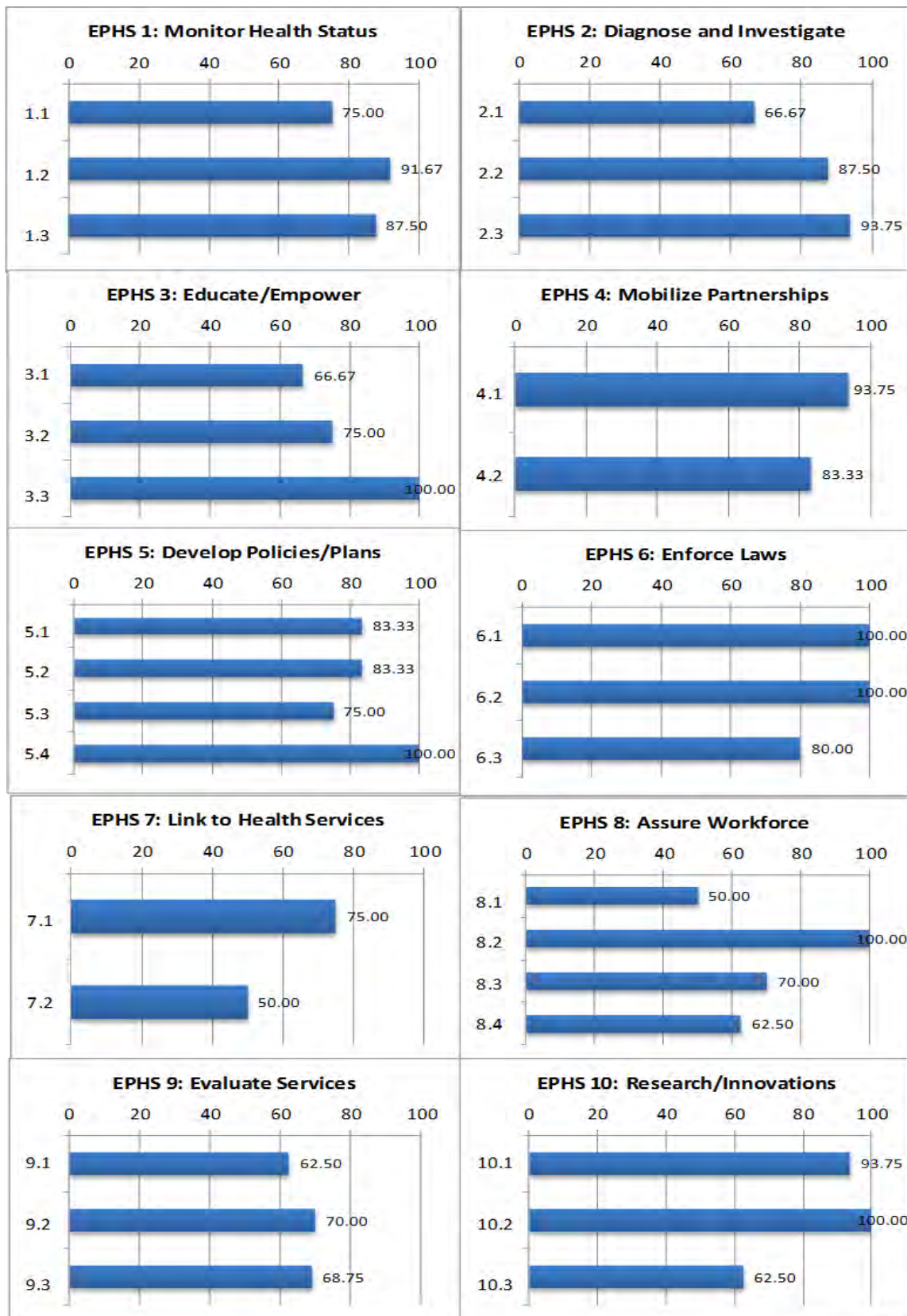
5. Incarceration of those with substance abuse disorders
 - a. Threat: persons are being incarcerated due to behaviors related to substance use
 - b. Opportunity: opportunity for substance abuse treatment and prevention providers and government to work together to find alternative, more humane, less expensive options.
6. Differences in immigration laws and sanctuary cities in County
 - a. Threat: increased discrimination. Confusion over laws
 - b. Opportunity: awareness- conversations happening throughout the community
7. High crime rate in concentrated areas of Champaign County
 - a. Threat: rising violence
 - b. Opportunity: addressing root cause and increased collaborations among police departments.
8. Move to change rules around alcohol use
 - a. Threat: infringing upon business activity
 - b. Opportunity: decrease alcohol abuse, safer community
9. Support for domestic violence survivors
 - a. Threat: expense
 - b. Opportunity: new collaborations as this is a compassionate necessity, safer community
10. Continued high unemployment
 - a. Threat: increasing disparity between rich and poor, shrinking middle class, lack of affordable (low cost) housing
11. Addressing childhood obesity
 - a. Threat: chronic diseases
 - b. Opportunity: increased partnerships
12. Food insecurity
 - a. Threat: low educational achievement
 - b. Opportunity: community gardens to feed and foster skills
13. Opiate addiction
 - a. Threat: underachievement
 - b. Opportunity: increase the number of treatment facilities
14. Violence in the community
 - a. Threat: cause residents to be afraid
 - b. Opportunity: work to decrease and help those affected
15. Lack of services for mental illnesses
 - a. Threat: violence, child abuse, homelessness, drain on economy
 - b. Opportunity: multiple offices could combine and work together to combat this issue
16. Panhandling
 - a. Threat: aggressive behavior and turn off to visitors
 - b. Opportunity: education and deterrence
17. Cost of living in Champaign County
 - a. Threat: paying for housing, parking utilities limits the amounts of monies people have to save, pay off debts (student loans). Decrease in the amount of people who are purchasing property – increase in renters
 - b. Opportunity: with new housing structures going up every day, prices could be decreasing. Decreased housing costs would allow people to spend more money and would boost the economy.
18. Increase in bio-ethical discussion
 - a. Threat: targets marginalized communities
 - b. Opportunity: place policies that further protect and inform patients
19. Food insecurity – WIC, Food Pantries, etc
 - a. Threat: too many people relying on limited services
 - b. Opportunity: collaboration and education – work together to teach people how to better their situation.

Agencies represented: Government (8), Academia or research (4), Public Health (5), Non-profit (17), Healthcare (16), Finance/Insurance (2), Education (9), Faith-based Organization (2)

Performance Scores by Essential Public Health Service for Each Model Standard

Figure 1 displays the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service.

Figure 1. Performance Scores by Essential Public Health Service for Each Model Standard



Individual Questions and Responses

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	Model Standard: Population-Based Community Health Assessment (CHA) <i>At what level does the local public health system:</i>	
1.1.1	Conduct regular community health assessments?	100
1.1.2	Continuously update the community health assessment with current information?	75
1.1.3	Promote the use of the community health assessment among community members and partners?	50
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data <i>At what level does the local public health system:</i>	
1.2.1	Use the best available technology and methods to display data on the public's health?	100
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	100
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	75
1.3	Model Standard: Maintenance of Population Health Registries <i>At what level does the local public health system:</i>	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	100
1.3.2	Use information from population health registries in community health assessments or other analyses?	75

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	Model Standard: Identification and Surveillance of Health Threats <i>At what level does the local public health system:</i>	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	75
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	75

2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	50
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies <i>At what level does the local public health system:</i>	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	75
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	100
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	75
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	75
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	100
2.3	Model Standard: Laboratory Support for Investigation of Health Threats <i>At what level does the local public health system:</i>	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	100
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	75
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues

3.1	Model Standard: Health Education and Promotion <i>At what level does the local public health system:</i>	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	75

3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	75
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	50
3.2	Model Standard: Health Communication <i>At what level does the local public health system:</i>	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	75
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	75
3.2.3	Identify and train spokespersons on public health issues?	75
3.3	Model Standard: Risk Communication <i>At what level does the local public health system:</i>	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	100
3.3.2	Make sure resources are available for a rapid emergency communication response?	100
3.3.3	Provide risk communication training for employees and volunteers?	100

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	Model Standard: Constituency Development <i>At what level does the local public health system:</i>	
4.1.1	Maintain a complete and current directory of community organizations?	100
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	100
4.1.3	Encourage constituents to participate in activities to improve community health?	75
4.1.4	Create forums for communication of public health issues?	100
4.2	Model Standard: Community Partnerships <i>At what level does the local public health system:</i>	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	100

4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	75
-------	---	----

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts

5.1	Model Standard: Governmental Presence at the Local Level <i>At what level does the local public health system:</i>	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	100
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	75
5.2	Model Standard: Public Health Policy Development <i>At what level does the local public health system:</i>	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	100
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	50
5.2.3	Review existing policies at least every three to five years?	75
5.3	Model Standard: Community Health Improvement Process and Strategic Planning <i>At what level does the local public health system:</i>	
5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	100
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	50
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	75
5.4	Model Standard: Plan for Public Health Emergencies <i>At what level does the local public health system:</i>	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	100

5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	100
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	100
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	100
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	100
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	100
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	100
6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	75
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	100

6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	50
6.3.5	Evaluate how well local organizations comply with public health laws?	75

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

7.1	Model Standard: Identification of Personal Health Service Needs of Populations <i>At what level does the local public health system:</i>	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	75
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	75
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	75
7.1.4	Understand the reasons that people do not get the care they need?	75
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services <i>At what level does the local public health system:</i>	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	50
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	50
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	50

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce

8.1	Model Standard: Workforce Assessment, Planning, and Development <i>At what level does the local public health system:</i>	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	75
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	50

8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	25
8.2	Model Standard: Public Health Workforce Standards <i>At what level does the local public health system:</i>	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	100
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	100
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	100
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring <i>At what level does the local public health system:</i>	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	100
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	75
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	50
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	75
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	50
8.4	Model Standard: Public Health Leadership Development <i>At what level does the local public health system:</i>	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	75
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	75
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	75

8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	25
-------	--	----

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

9.1	Model Standard: Evaluation of Population-Based Health Services <i>At what level does the local public health system:</i>	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	50
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	50
9.1.3	Identify gaps in the provision of population-based health services?	75
9.1.4	Use evaluation findings to improve plans and services?	75
9.2	Model Standard: Evaluation of Personal Health Services <i>At what level does the local public health system:</i>	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	75
9.2.2	Compare the quality of personal health services to established guidelines?	75
9.2.3	Measure satisfaction with personal health services?	75
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	50
9.2.5	Use evaluation findings to improve services and program delivery?	75
9.3	Model Standard: Evaluation of the Local Public Health System <i>At what level does the local public health system:</i>	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	50
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	75
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	75
9.3.4	Use results from the evaluation process to improve the LPHS?	75

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems

10.1	Model Standard: Fostering Innovation <i>At what level does the local public health system:</i>	
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	100
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	100
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	100
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	75
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research <i>At what level does the local public health system:</i>	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	100
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	100
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	100
10.3	Model Standard: Capacity to Initiate or Participate in Research <i>At what level does the local public health system:</i>	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	100
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	75
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	50
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	25

Champaign County Community Health Survey

Please take a few minutes to complete the survey. The purpose of the survey is to get your opinion about the health of Champaign County. Your input is important and will be used to develop plans to improve the quality of life in our community. If you would like to see how your input is used, please check the Champaign-Urbana Public Health District website (www.c-uphd.org) on the IPLAN site later this fall.

If you would like to share this survey with your friends, or would prefer to do it later, please use the link (<https://www.surveymonkey.com/r/IPLAN17>)

All information provided will be kept **CONFIDENTIAL**.

Please answer all questions.



Neighborhood Issues					
Traffic, Roads <i>Please tell about YOUR neighborhood</i>					
	Excellent	Good	Needs Improvement	Poor	N/A
Road Maintenance/Repair					
Access to Public Transportation					
Access to Sidewalks					
Street Lights					
Wheelchair Accessibility					
Pedestrian Crosswalks					
Bike Paths					
Other (please specify)					
Safety Concerns <i>Please tell about YOUR neighborhood</i>					
	Not Concerned	Somewhat Concerned	Concerned	Very Concerned	N/A
Traffic Speeds					
Lack of Crime Patrols / Block Watches					
Gang Activity					
Crime rates					
Other (please specify)					
Health Issues (Medical, Dental, Mental Health) <i>Please tell us what you think the TOP 5 concerns are in our community.</i>					
SELECT ONLY 5					
Cancers					
Heart Disease and Stroke					
Mental Health					
Senior / Aging Challenges					
Infectious Disease (HIV/AIDS, STDs, West Nile Virus)					
Infant Deaths					

Obesity	
Lung / Respiratory Diseases	
Domestic Violence	
Child Abuse and Neglect	
Senior / Elder Abuse and Neglect	
Gun Violence	
Suicide	
Dental Problems	
Diabetes	
Teenage Pregnancy	
Alcohol / Drug Use	
Other (please specify)	

Community Resources: <i>Please rate the following resources as adequate or inadequate in our community</i>					
	Very Adequate	Adequate	Inadequate	Very Inadequate	Don't Know
Affordable Housing					
Employment / Ability to find jobs					
Ability to pay for basic needs (food, clothing)					
Drug treatment services					
Mental health services					
Family support services					
Affordable childcare					
Opportunities for youth					
Funding for schools					
Funding for after school programs					
Senior services					
Access to Health care					
Services for low income persons					
Other (please specify)					

Personal Health: <i>Please rate the following as it relates to YOU</i>	Never	Less than once a week	1-3 days a week	4-6 days a week	Every day
How many days do you exercise for at least 30 minutes?					
I eat at least 5 servings of fruits and vegetables a day					
How many days do you eat fast food (McDonalds, Burger King)?					
I drink more than one sugary drink a day (soda, sweet tea, fruit juice).					
I smoke, chew tobacco, or use E-cigarettes					
How many days do you drink more than 4 alcoholic drinks.					
Personal Satisfaction: <i>Please tell us how these statement apply to YOU</i>	Strongly Agree	Agree	Disagree	Strongly Disagree	
I am satisfied with my access to health care in Champaign County.					
I am satisfied with the cost of my health care in Champaign County.					
I am satisfied with the quality of my health care in Champaign County.					
I am satisfied with my access to affordable dental care in Champaign County.					
Champaign County is a good place to raise children.					
Champaign County is a good place to grow old.					

Champaign County is a good place to live.						
Champaign County is a racially, ethnically, and culturally diverse place to live.						
Zip Code where you live _____		Gender (circle one) MALE FEMALE TRANSGENDER				
Including yourself, how many people live in your household? _____		Age _____				
Household Income (please select one)		What is your race? (please select all that apply)				
Less than \$20,000			Black / African American			
\$20,001 - \$40,000			Native Hawaiian / Other Pacific Islander			
\$40,001 - \$60,000			Asian			
\$60,001 - \$75,000			American Indian / Alaskan Native			
\$75,001 - \$100,000			White			
\$100,001 - \$125,000			Other (please specify)			
\$125,001 - \$150,000			What is your ethnicity?			
\$150,001 - \$200,000			Hispanic, Latino, or of Spanish Origin			
Over \$200,000			Non-Hispanic			
I prefer not to answer						
Do you qualify for any of the following programs? (please select all that apply)		Education (please select one)				
SNAP / Food Stamps		Never attended school				
WIC		Less than high school				
Free/Reduced School Lunch		High school diploma / GED				
None		Some college				
Other (please specify)		College graduate				
		Graduate degree or higher				
Do you have a primary care physician (doctor, NP)? YES / NO		How long has it been since you had a routine check-up with at a doctor's office?				
Where do you go for primary health care? (select all that apply)		Within the past year				
Avicenna		More than a year but less than 2 years				
Presence Emergency Room		More than 2 years but less than 5 years				
Carle Emergency Room		More than 5 years				
Christian Health Center		How do you pay for your health care?				
Promise Health Care (Frances Nelson)		I don't have insurance (self-pay)				
McKinley Health Center		I don't have insurance (charity care)				
Christie Clinic		Medicaid				
Carle Clinic		Medicare				
Planned Parenthood		Veteran's Administration				
Other (please specify)		Health Insurance (employer, spouse, parent, Marketplace)				
		Other (please specify)				
Do you have a dentist? YES / NO						
How long has it been since you have seen a dentist?		Where do you go for dental services? (select all that apply)				
Within the past year		Private Dentist				
More than a year but less than 2 years		Carle Emergency Room				
More than 2 years but less than 5 years		Presence Emergency Room				
More than 5 years		Smile Healthy at Promise Health Care				
		Other: (please specify)				


Encuesta de salud de la comunidad del condado de Champaign

Por favor tome unos minutos, a menos de 5-7, para completar la encuesta de abajo. El propósito de la encuesta es obtener su opinión sobre la salud del Condado de Champaign. Tu aporte es importante y se utilizará para desarrollar planes para mejorar la calidad de vida en nuestra comunidad. Toda la información proporcionada se mantendrá **confidencial**. Por favor responda todas las preguntas.

Asuntos de barrio (tráfico, carreteras) Por favor Dile de <i>su</i> barrio					
	Excelente	Buena	Necesita mejorar	Pobre	N / A
Mantenimiento y reparación de carretera					
Acceso al transporte público					
Acceso a las banquetas					
Luces de la calle					
Accesibilidad para sillas de ruedas					
Paso de Peatones					
Caminos para bicicletas					
Otros (especifique)					
Asuntos de barrio (cuestiones de seguridad) Por favor Dile de <i>su</i> barrio					
	No le preocupa	Algo preocupado	preocupado	Muy preocupado	N / A
Velocidades del tráfico					
Patrullas del crimen / vigilancias del bloque					
Actividad de las pandillas					
Porcentaje de crimen					
Otros (especifique)					

Problemas de salud (médico, Dental, Salud Mental)	
Por favor díganos cuales son las 5 principales preocupaciones de nuestra comunidad en las que debemos enfocarnos. Seleccione solamente 5	
Cancer	
Enfermedad cardiaca y accidente cerebro vascular	
Salud mental	
Anciano/Problemas mayores de envejecimiento	
Enfermedad infecciosa (VIH/SIDA, enfermedades de transmisión sexual, Virus del Nilo Occidental)	
Muertes infantiles	
Obesidad	
Enfermedades pulmonares y respiratorias	
Violencia doméstica	
Negligencia y abuso infantil	
Negligencia y abuso de los mayores / ancianos	
La violencia armada	
Suicidas	
Problemas dentales	
Diabetes	
Embarazo en la adolescencia	
Alcohol / consumo de drogas	
Otros (especifique)	

Recursos de la comunidad : Por favor califique los siguientes recursos como adecuada o inadecuada en nuestra comunidad					
	Muy adecuada	Adecuada	Inadecuada	Muy insuficiente	No sé
Vivienda económica y accesible					
Empleo / habilidad para encontrar empleo					
Capacidad de realizar los gastos básicos (comida, ropa)					
Servicios de tratamiento de drogas					

Servicios de salud mental					
Apoyo a la familia y servicios sociales					
Económica en cuidado de niños					
Oportunidades para los jóvenes					
Financiamiento para las escuelas					
Fondos para programas extracurriculares					
Servicios para personas mayores					
Acceso a servicios de salud					
Servicios para personas de bajos ingresos					
Otros (especifique)					

Satisfacción personal: <i>Por favor díganos cómo estas afirmaciones se aplican a usted</i>				
	Muy de acuerdo	Estoy de acuerdo	No está de acuerdo	Muy en desacuerdo
Estoy satisfecho con mi acceso a la atención médica en el condado de Champaign.				
Estoy satisfecho con el costo de mi atención médica en el condado de Champaign				
Estoy satisfecho con la calidad de mi atención médica en el Condado de Champaign.				
Estoy satisfecho con mi acceso a la atención dental en el Condado de Champaign.				
El condado de Champaign es un buen lugar para criar a los niños.				
El condado de Champaign es un buen lugar para envejecer.				
El condado de Champaign es un lugar seguro para vivir.				
El condado de Champaign es un racialmente, étnicamente y culturalmente diverso lugar para vivir.				

Personal de salud : <i>Por favor califique los siguientes lo que se refiere a usted</i>				
	Nunca	1-3 días a la semana	4-6 días a la semana	Todos los días
¿Cuántos días te ejercitas por lo menos 30 minutos al día?				

Como al menos 5 porciones de frutas y verduras al día.				
¿Cuántos días comes comida rápida (McDonalds, Burger King)?				
Bebo más de una bebida azucarada al día (soda, té dulce, zumo de fruta).				
Fumo, mastico tabaco o utilizo cigarrillos electrónicos.				
¿Cuántos días bebes más de 4 bebidas alcohólicas?				

Demografía:

Código postal donde vives __ _____

Género (circulo uno) mujer hombre transgénero **edad** ____

Eres hispano, Latino o español origen **SÍ** **NO**

¿Cuál es tu raza? (Seleccione todas las que aplican)

Negro / Afro Americano indio americano / nativo de Alaska

Nativo de Hawái /otras islas del Pacífico asiático

Blanco otros: ____

Educación (Seleccione uno)

Nunca asistió a la escuela diploma de secundaria / GED graduado de la Universidad

Menos de la secundaria alguno colegio posgrado o superior

¿Califica para cualquiera de los siguientes programas? (Seleccione todas las que aplican)

SNAP / Cupones de WIC almuerzo gratis o reducido ninguno

Otro: _____

Incluyéndose usted, ¿cuántas personas viven en su casa? _____

Ingreso de los hogares (Seleccione uno)

Menos de \$25,000 \$50,001-\$75,000 más de \$100,001

\$25, 001 - \$50,000 \$75,001-\$100,000 prefiero no responder

¿Cómo paga usted su atención médica?

No tengo seguro (auto pago efectivo) Medicaid

No tengo seguro (cuidado de caridad) Medicare

Seguro médico (empleador, mercado) Administración de los veteranos

Otro: _____

¿Tiene un médico de atención primaria (médico, enfermera practicante)? SÍ / NO

	En el último año	Más de un año pero menos de 2 años	Más de 2 años pero menos de 5 años	Más de 5 años
¿Cuánto tiempo hace que no ha tenido un examen de rutina en un médico?				

¿A dónde vas para atención primaria de salud? (Seleccione todas las que aplican)

Avicena

Centro de la Salud Cristiana

Sala de emergencia Presence

Promise Health Care

Sala de emergencia Carle

McKinley Health Center

Clínica de la comunidad

Planned Parenthood

Clínica de Carle

Clínica de Christie

otro: _____

¿Tiene una dentista? SÍ / NO

	En el último año	Más de un año pero menos de 2 años	Más de 2 años pero menos de 5 años	Más de 5 años
¿Cuánto tiempo hace que no ha tenido un examen de rutina en un dentista?				

¿A dónde vas para servicios dentales? (Seleccione todas las que aplican)

Dentista privado

CUPHD (servicios dentales del niño)

Sala de emergencia Carle

Sonrisa saludable a Promise Health Care

Sala de emergencia Presence

otro: _____

Appendix 5: Community Stakeholder Survey

Community Issues					
Traffic, Roads <i>As an agency representative, what do you think of the following in our county</i>					
	Excellent	Good	Needs Improvement	Poor	N/A
Road Maintenance/Repair					
Access to Public Transportation					
Access to Sidewalks					
Street Lights					
Wheelchair Accessibility					
Pedestrian Crosswalks					
Bike Paths					
Other (please specify)					
Safety Concerns <i>As an agency representative, what do you think of the following in our county</i>					
	Not Concerned	Somewhat Concerned	Concerned	Very Concerned	N/A
Traffic Speeds					
Lack of Crime Patrols / Block Watches					
Gang Activity					
Crime rates					
Other (please specify)					
Health Issues (Medical, Dental, and Mental Health) <i>As an agency representative, please tell what you think the TOP 5 concerns are in our county.</i> SELECT ONLY 5					
Cancers					
Heart Disease and Stroke					
Mental Health					
Senior / Aging Challenges					
Infectious Disease (HIV/AIDS, STDs, West Nile Virus)					
Infant Deaths					
Obesity					
Lung / Respiratory Diseases					
Domestic Violence					
Child Abuse and Neglect					

Senior / Elder Abuse and Neglect	
Gun Violence	
Suicide	
Dental Problems	
Diabetes	
Teenage Pregnancy	
Alcohol / Drug Use	
Other (please specify)	

Community Resources: <i>As an agency representative, please rate the following resources as adequate or inadequate in our county</i>					
	Very Adequate	Adequate	Inadequate	Very Inadequate	Don't Know
Affordable Housing					
Employment / Ability to find jobs					
Ability to pay for basic needs (food, clothing)					
Drug treatment services					
Mental health services					
Family support services					
Affordable childcare					
Opportunities for youth					
Funding for schools					
Funding for after school programs					
Senior services					
Access to Health care					
Services for low income persons					
Other (please specify)					

Community Satisfaction: <i>Please tell us how these statement apply to our community</i>				
	Strongly Agree	Agree	Disagree	Strongly Disagree
I am satisfied with access to health care in Champaign County.				
I am satisfied with the cost of health care in Champaign County.				
I am satisfied with the quality of health care in Champaign County.				
I am satisfied with access to affordable dental care in Champaign County.				

Champaign County is a good place to raise children.				
Champaign County is a good place to grow old.				
Champaign County is a good place to live.				
Champaign County is a racially, ethnically, and culturally diverse place to live.				

6. Please circle the type of agency / organization you work for. (May choose more than one)

Education

Non-for-Profit Organization

Faith Based Organization

Professional Services

Finance

Self-Employed

Government (local, state, etc.)

State-Funded Agency

Healthcare

Technology

Industry

Other (please specify) _____

Law Enforcement

7. How would you describe your position at the agency / organization you listed above?

CEO / Director / CFO

Program Director

Professional Staff

Other (please specify) _____